Safe and Drug Free School and Communities Data System

Desk Reference Guide

April 16, 2007

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Symbol Key: © **Consortium-specific**
¥ **School District-specific**
♥ **Community Mobilization-specific**

1 - Welcome

Welcome to the Safe and Drug Free Schools and Communities (SDFSC) Data System Desk Reference Guide. This guide contains information to help you through the process of collecting SDFSC data to be entered into the newly developed SDFSC Data System.

The SDFSC Data System is the product of a 3-year Department of Education Grant awarded to the Office of Superintendent of Public Instruction (OSPI) in the fall of 2004. Upon receipt of the grant, a Data Grant Advisory Group was formed, consisting of individuals from other state agencies involved in prevention, as well as Community Mobilization contractors and SDFSC school-based service providers. The Data Grant Advisory Group has met quarterly to provide input on the design and development of the system and oversee completion of project deliverables. The following is a list of Data Grant Advisory Committee members:

Linda Becker, Division of Alcohol and Substance Abuse
Don Cotey, Milestone Technology
Laura Edwards, King County Community Organizing Program
Dixie Grunenfelder, Office of Superintendent of Public Instruction
Mona Johnson, Office of Superintendent of Public Instruction
Ramona Leber, Community, Trade and Economic Development
Noel Marshall, Office of Superintendent of Public Instruction
Martin Mueller, Office of Superintendent of Public Instruction
Kim Noel, Puget Sound Educational Service District
Mary Ellen de la Pena, Kitsap County Department of Personnel and Human Services
Karen Peterka, Skagit County Community Mobilization
Susan Richardson, Department of Health
Visudha de los Santos, Community Trade and Economic Development
Diane Shepherd, Educational Service District 123
Steve Smothers, Division of Alcohol and Substance Abuse
Jeff Soder, Office of Superintendent of Public Instruction
Rob Vincent, Educational Service District 113
Scott Waller, Division of Alcohol and Substance Abuse
Norm Walker, Educational Service District 105

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The first year of the grant was spent collecting information about existing data systems; what was working and what needed to be modified. All of the information collected resulted in the development of a prototype system in fall of 2004. The system was piloted throughout the state with a sampling of Educational Service District (ESD), School District and Community Mobilization staff. The following is a list of pilot sites and contacts.

King County Community Organizing Program, Laura Edwards
Community Counseling Services of Adams County, Edie Borgman
Skagit Prevention Council, Karen Peterka
Kitsap County Dept. of Personnel and Human Services, Mary Ellen de la Pena
Mason County Drug Abuse Prevention, Julianna Miljour
Educational Service District 105, Norm Walker
Spokane School District, Bonnie Ducharme
Renton School District, Susan Launder
Sumner School District, Marilee Hill-Anderson
Educational School District 112, Sandy Mathewson

Feedback from pilot sites has been incorporated into the system that is being implemented for the 2007-2008 planning and application process.
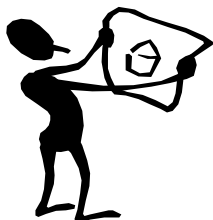
The system will provide School Districts, Consortiums, and Community Mobilization programs in Washington State a tool to assist with comprehensive SDFSC planning efforts and reporting required by No Child Left Behind, Title IV: Part A.

The system attempts to streamline the reporting process, while collecting data in a logical manner.   Whenever possible, the system was synchronized with existing data systems to eliminate duplicate data entry.
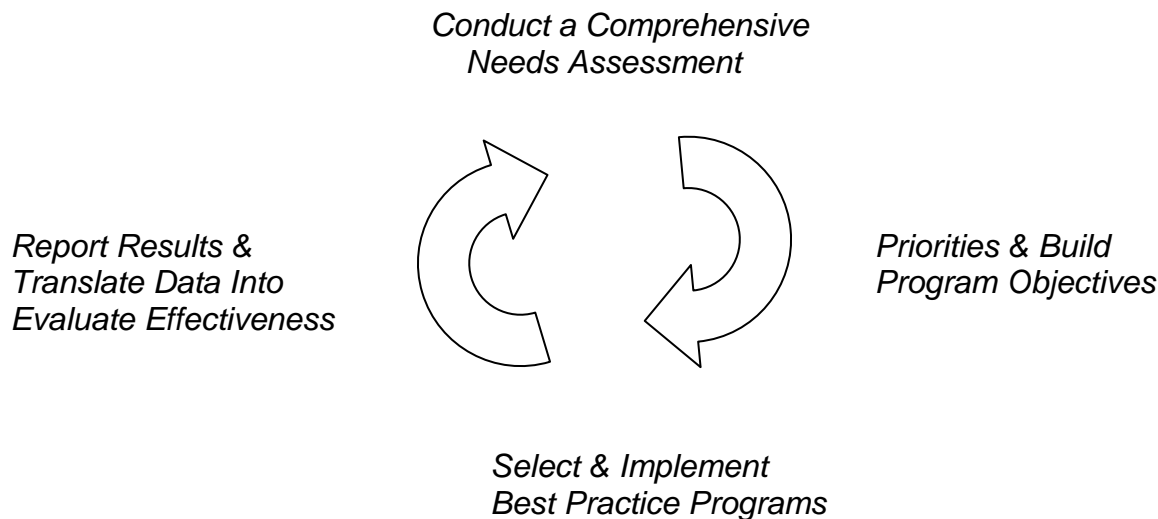
The system is organized around the Principles of Effectiveness. According to Section 4115(a) for a program or activity developed under Title IV SDFS funding to meet the Principles of Effectiveness, such program or activity shall:
1. Be based on an assessment of objective data regarding the incidence of violence and illegal drug use in the elementary schools, secondary schools, and communities to be served;
2. Be based on performance measures aimed at ensuring that these schools and communities have a safe, orderly, and drug-free environment;
3. Be grounded in scientifically-based research that provides evidence that the program to be used will reduce violence and illegal drug use;
4. Be based on analysis of "risk factors", protective factors, buffers, assets, or other variables "identified through scientifically-based research that exists in schools and communities served;
5. Include consortiums with input from parents; and,
6. Be evaluated periodically against locally selected performance measures and modified over time to refine, improve, and strengthen the program.

Charting a Course….

Conduct a Comprehensive
Needs Assessment

Report Results &
Translate Data Into
Evaluate Effectiveness

Priorities & Build
Program Objectives

Select & Implement
Best Practice Programs

Step 1: Conducting Comprehensive Needs Assessment
Data sources, individuals involved, assess resources and need across diverse populations to create an objective profile of the school district and/or community.

Step 2: Establishing Objectives and Performance Measures
Includes Risk/Protective factors, goals, target population, performance measure and link to state benchmark to identify how to focus resources and efforts.

Step 3: Selecting Scientifically-based Programs
Activities Plan, including strategy type, authorized activity category, priority populations, funding sources and evaluation plan.

Step 4: Evaluating Program Effectiveness
Review evaluation data for each activity, as well as overall program objectives to determine continued efforts and future directions

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The system is organized to support a comprehensive planning and reporting process.

Plan

- Administrative
- Compliance
- Need Assessment
- Objectives
- Activities

***

Accepted
(CTED, ESD)

Review
(In-house)

Review
(In-house)

Approve
(CTED, ESD, OSPI)

*

**

Year-End

- Activity Reporting
- Outcome Reporting
- Process Evaluation

* Application Submission
** Year End Report (♥)
*** Student Behavior Reporting (©¥)

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TECHNICAL ASSISTANCE
There are several sources for technical assistance depending on your needs.

For the development, completion and submission of the plans and reports
School districts in a consortium, contact your Cooperative or ESD representative.

School districts not in a consortium, contact Jeff Soder, SDFSC Program Administrator at 360/725-6044.

Community Mobilization Contractors, contact your CTED Program Coordinator at 360/725-3027.

For technical help using the data entry system
OSPI customer support at .customersupport.k12.wa.us

WEBSITE LINKS
Office of Superintendent of Public Instruction http://www.k12.wa.us/
Department of Education http://www.ed.gov
Dept. of Ed Safe and Drug Free Schools
http://www.ed.gov/about/offices/list/osdfs/index.html
Center for Substance Abuse Prevention http://prevention.samhsa.gov/
Office of Juvenile Justice and Delinquency Prevention http://ojjdp.ncjrs.org/
Western Ctr for the Application of Prev Tech http://captus.samhsa.gov/western/western.cfm
Department of Community, Trade and Economic Development http://www.cted.wa.gov/cm

SYSTEM USERS
ESD SDFSC Consortiums and other Cooperatives will be referred to as **Consortiums.**
Districts not part of a consortium will be referred to as **School Districts.**
Community Mobilization Contractors will be referred to as **CM Contractors.**

SYMBOLS
© Consortium-specific
¥ School District-specific
♥ Community Mobilization-specific

DESK REFERENCE SYMBOLS
Questions are marked with a **(?)**.
Response choices to the questions are **underlined**.

2 - Administration

2a. Organizational Information

This section of the program is designed to collect information about the organization and the persons involved in the SDFSC program. All information is required. Please keep the information up-to-date. ¥This screen will indicate if a school district is part of a consortium for a specified report year. ©For consortiums, this is the area of the system to select school districts that are members of the consortium for a specified report year. ♥Community Mobilization (CM) contractors are required to provide the following information.

The system will automatically display the CTED region, Congressional District, Legislative District, and Educational Service District.

? **Tax ID** Provide the federal issued tax number for the organization.

? **UBI Number** Provide the state issued business number for the organization.

? **SWV Number** Provide the State of Washington Vendor Number for the organization used for electronic payment.

? **Mission** Indicate the mission of the CM Board. It should articulate what the program works towards changing.

? **Program Overview** This provides more detail than the mission. It is an overview of the structure that provides Community Mobilization Against Substance Abuse and Violence strategies, programs, and activities. It tells how the entity works towards their mission.

Organizational Contacts: Both a primary contact and policy board chair contact are required.
? **Contact Type**
Primary Contact: The identified CM coordinator. This is the first person that CTED staff would contact concerning programmatic and contractual obligations.

Secondary Contact: You may enter as many secondary contacts as needed. These individuals are the people that CTED staff may need to contract in the administration of the program, such as fiscal or budget personnel, executive directors, and/or program staff.

Policy Board chair: The chair of the CM Policy Board.

? **Contact Name** Include the first and last name of the contact person.

? **Contact Title** Include the formal title of the contact person.

? **Contact Phone Number** Provide the phone number for the contact person. Use the format ### - ### - #### (a dash between area code and prefix and a dash between the prefix and suffix).

? **Contact Email Address** Provide the e-mail address for the contact person.

2b. News

This section of the program is to provide system information. System updates, document revisions, and other technical announcement will be listed in chronological order in this section.

2c. Select Organization

© ¥ This section of the program allows EDS users to select the organization they will be representing in the SDFSC planning and reporting process. This is only relevant if your ESD User Id has other organizations associated with it in the other work you do. If you are not associated with any other organization, you will automatically be taken to the select role screen. For ♥ CM contractors, when you select this feature, you will be automatically taken to the select role screen.

2d. Select Role

This section of the program lists the specific roles a user is authorized to be.

Planner:	Can input and report on planned activities.
Reviewer:	Can review a plan and submit it for approval.
Approver:	Can approve a plan.
Activity Reporting Author:	Can report on activities in an approved plan.

2e. iGrant Transfer

© This section of the program is designed for consortiums to review a summary of the consortium plan, including a compilation of all the district plans in the consortium and the ESD plan if applicable. Once the plan has been reviewed and is acceptable, there is a button to submit the consortium plan to iGrants as part of the annual application process.

3 - Planning

3a. Program Compliance

The following are lists of Title IV and RCW requirements for each program. Please review each item carefully and respond by checking either yes or no. Since these are requirements to receive funding, all questions must have a "yes" response before your plan can be submitted for approval. (© There are currently no compliance issues for consortiums to comply with.)

¥ School District (consistent with consolidated program review)
Collaboration
Does your district have documentation describing meaningful and ongoing consultation with, and input from, parents in the development of the plan and administration of the program or activities? (4115(b)(1)(D)(i))

Does your district have documentation to demonstrate consultation and notification of services available to private schools? (4113(a)(7))

Evaluation
Does your district have documentation describing a plan to evaluate and publicly report progress toward attaining their performance measures, which will be used for program improvement? (4114(d)(3))

Safety
Does your district have a comprehensive safe schools plan in place? (RCW 28A.320.125)

Does your district have appropriate and effective school discipline policies that prohibit disorderly conduct, the illegal possession of weapons, and the illegal use, possession, distribution, and sale of tobacco, alcohol, and other drugs by students? (4114(d)(7)(A))

Does your district have security procedures at school and while students are on the way to and from schools? (4114(d)(7)(B))

Does your district have a crisis management plan for responding to violent or traumatic incidents on school grounds? (4114(d)(7)(D))

Gun-free
Does your district have required signage posted on school grounds for gun-free zone? (RCW 9.41.280)

Has a gun-free schools policy been implemented? (4141(b))

Does the gun-free schools policy include 1-year mandatory expulsion for firearms? (4141(b)(1))

Does the gun-free policy include mandatory notification of violations by students to parents/guardians and law enforcement? (4141(h)(1))

Does the gun-free policy allow the expulsion to be modified by the chief school district officer or designee on a case by case basis? (4141(b)(1))

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Drug-free
Does your district have required signage posted on school grounds for drug-free zone?

Has a drug-free schools policy been implemented? (4114(d)(7)A))

Tobacco-free
Does your district have required signage posted on school grounds for tobacco-free zone? (RCW 28.A.210.310)

Has a tobacco-free schools policy been implemented? (4114(d)(7)(A))

Are sanctions for violations of tobacco policy defined for students? (4114(d)(7)(E))

Other
Does your district have a policy for harassment, intimidation, and bullying? (RCW 28A.300.285)

♥ Community Mobilization
Does the program have policies and procedures to ensure the Community Mobilization Policy Board includes diverse perspectives from the community, including: education, treatment, local government, law enforcement, and parents or parent organizations? (RCW 46.270)

If the program chooses to contract services to sub-contractor, does the program have oversight mechanisms in place to ensure the sub-contractor will comply with CM program policies and procedures established by CTED?   (EDGAR CFR 80.36, & 80.37)

Does the program agree to participate in both process evaluation and outcome evaluation implemented by CTED?   (Title IV 4115(a))

Does the program assure that funds will not be used for suplantation? (2 CFR Part 225)

Does the program agree to comply with the 25% match requirement? (RCW 43.270.020 (2)(5))

Does the program agree to maintain generally accepted accounting principles, including securing and documenting the matching funds requirement to ensure the proper disbursement of, and accounting for all funds received pursuant to this application? (EDGAR CFR 80.30)

Does the program agree to comply with the Americans with Disabilities Act? (42 U.S.C Section 12101)

Does the program agree to comply with requirement not to use funds to lobby? (Section 1352, Title 31 of the U.S. code / 28 CFR Part 69)

Does the program agree to comply with debarment and suspension requirements? (Executive Order 12549 / 28 CFR Part 67)

Does the program agree to comply with the Drug-Free Workplace Act? (28 CFR Part 67)

3b. Needs Assessment

The Principles of Effectiveness (POE) prescribes that programs/activities be based on an assessment of objective data regarding the incidence of violence and illegal drug use. This includes an objective analysis of the current conditions and consequences regarding violence and illegal drug use that is based on ongoing local assessment or evaluation activities.

A needs assessment is a process for examining the current conditions and identifying levels of risk and protection. The needs assessment will assist in creating an objective profile of the school and/ or community, and assurance that time and money are being spent where it will have the greatest impact.

Additionally, it also provides evidence of how Title IV SDFSC services will be targeted to schools and students with the greatest need, and the POE requirement for on-going input from parents.

The following questions concern your needs assessment.

? The use of data is critical in providing an accurate picture of what is happening in school san communities regarding the incidence of violence and illegal drug use. What data sources did you use when conducting your needs assessment?   Select all that apply.

Healthy Youth Survey data: The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and Community Trade and Economic Development. The Healthy Youth Survey provides important information about adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth.
http://www3.doh.wa.gov/HYS/

DSHS/ County Profile data: A comprehensive collection of county data related to substance use and abuse, and the risk factors that predict substance use among youth. Data are organized and presented within a risk and protective factor framework used across the state by substance abuse prevention planners.
http://www1.dshs.wa.gov/RDA/research/4/47/2004/default.shtm

Substance Abuse Prevention/Intervention Specialists Program (SAPISP) data: A collection of data specific to the SAPISP program, including, results from surveys and focus groups, individual questionnaires and assessments, and routine record collections.
http://www.rmccorp.com/Project/PIeval.html

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Rocky Mountain Survey data: The American Drug and Alcohol Survey (ADAS) provides critical information to help school districts and communities understand the nature and extent of local substance use. The results of the survey can help you assess community needs, evaluate prevention programs, identify trends in substance use over time, and provide the data required to write grant proposals and inspire others to get involved in substance use prevention. http://www.rmbsi.com/whatis.html

Pride Survey data: Pride Surveys were created in 1982 by educators at Georgia State University in Atlanta and Western Kentucky University in Bowling Green. Their purpose was to help local schools measure student alcohol, tobacco and other drug use. Pride Surveys now measure behavior on many crucial issues that can affect learning: family, discipline, safety, activities, gangs, and more. With today's emphasis on evaluation and accountability, Pride Surveys have assisted single schools, school districts, state and federal agencies, and other organizations such as community coalitions. In 1998 a federal law designated Pride Surveys as an official measurement of adolescent drug use in America. http://www.pridesurveys.com/index.html

Search Institute Survey data: The Search Institute Survey Services unit provides a growing array of surveys to help communities better understand the needs of their youth and to develop asset-building strategies to meet those needs. Survey Services staff members are experienced technical assistants providing step-by-step consultation throughout the survey administration process. http://www.search-institute.org/surveys/

School Report Card data: Includes addresses, WASL, ITBS, demographic information and more. http://reportcard.ospi.k12.wa.us/

Youth Risk Behavior Survey data: The Youth Risk Behavior Survey was created by the Centers for Disease Control and Prevention (CDC) in 1990 to determine how common certain behaviors are among today's young people. The Youth Risk Behavior Survey looks at those health behaviors that have the greatest impacts on a person's health and well-being. http://www.cdc.gov/HealthyYouth/yrbs/

Truancy, Weapons, and Student Behavior data: State and federal law require districts to report truancy, weapons and suspension/expulsion data on an annual basis.
http://www.k12.wa.us/SafeDrugFree/WeaponsReport.aspx
http://www.k12.wa.us/Truancy/

Other data: If use other data, please indicate the name in the comment box.

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? It is important to consider diverse perspectives when assessing resources and needs, and to maintain on-going multi-agency and public participation throughout the needs assessment process. Who was involved in your assessment process, including individuals serving on advisory boards/councils? Select all that apply.

Parent Representative(s): Individual(s) specifically involved to represent parents and their specific issues. A person may not represent more than one role. For example, PTA President, Parenting Group leader.

Educational Representative(s): Individual(s) specifically involved to represent educational staff and their specific issues. For example, teacher, vice principal, principal, student assistance program staff, district staff, ESD staff.

Youth Representative(s): Individual(s) specifically involved to represent youth and their specific issues. For example, a youth or individual representing a youth organization such as the Associated Student Body or other secular or non secular youth group.

Private school Representative(s): Individual(s) specifically involved to represent private school students, teachers and school staff and their specific issues. For example, private school teacher, vice principal, principal, or student.

Community-based Organization Representative(s): Individual(s) specifically involved to represent community-based programs and their specific issues. For example, community service clubs, civic organizations, non-profit service provider.

Local Government Representative(s): Individual(s) specifically involved to represent local government and their specific issues. For example, a mayor, city or county council person, city or county elected official, city or county employee, or local health department staff person.

State Government Representative(s): Individual(s) specifically involved to represent state-level programs and their specific issues. For example, DSHS staff, CTED staff, DASA staff, DOH staff, or elected state official.

Law enforcement Representative(s): Individual(s) specifically involved to represent law enforcement and their specific issues. For example, police department personnel or sheriff department personnel.

Health Care Professional Representative(s): Individual(s) specifically involved to represent health care and their specific issues. For example: medical personnel or chemical dependency treatment provider

Mental Health Service Provider Representative(s): Individual(s) specifically involved to represent mental health and their specific issues. For example, a local mental health treatment provider, a mental health organization leader.

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Faith-based Organization Representative(s): Individual(s) specifically involved to represent a faith-based organization and their specific issues. For example, ministers, ministry leadership.

Tribes and Tribal Organization Representative(s): Individual(s) specifically involved to represent a tribe or tribal organization and their specific issues.

Other Representative(s): If other, please indicate the specific person(s) in the comment box.

? It is also important to assess resources and needs across the diverse populations within your service area. What populations did you consider as a part of your needs assessment?   Select all that apply.

Public School Students: Students attending a public school
Private School Students: Students attending a private school
Parents: Individuals parenting youth 0 - 24
Community Members: Members of the community at large
*Youth in Juvenile Detention Facilities
*Runaway and Homeless Youth
*Pregnant and Parenting Youth
*School Dropouts
*Individuals needing mental health services related to drug and violence prevention
*Children and youth not normally served by state or local education agencies
*Other Population(s): If other, please indicate the specific population in the comment box.
*Specifically referenced in Title IV as priority populations for ♥ CM contractors.

? Comment Include descriptive information regarding the needs assessment in the Text Box provided. Please include specific information if you chose "other" in data sources, representatives, or populations considered.

In addition, you may include information such as: 1) Why did you change priorities, or did not change your priorities?; 2) Discuss the role that data played in shaping priorities; and, 3) Identify challenges and opportunities created by the assessment. You may include highlights from your 6-year strategic plan.

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3c. Program Objectives

The Principles of Effectiveness prescribes that programs/activities be based on an established set of performance measures designed to ensure that the elementary schools, secondary schools, and communities served by the program have a safe, orderly, and drug-free learning environment (4115(a)(1)(B)). Additionally, the Principles of Effectiveness prescribes that programming be based on analysis of risk factors and protective factors.

The needs assessment should have resulted in priority areas that need to be addressed. Those priorities can be translated into objective statements that provide the foundation – reasons behind what you plan to do – for the proposed activities. Objective statements are big picture and longer term in nature.

To that end, please construct program objectives by identify the priority domain(s) and risk/protective factor(s), goal(s), target population(s), state benchmark(s), and local performance measure(s). ♥ CM Contractors, look to your logic model objective statements for information to complete this section.

Once you have completed all of these tasks, you are ready to move onto Step 3 of the POE Planning Process–Selecting and implementing scientifically-based researched programs.

The first step in creating objective statement is to determine Domain, Risk/Protective Factor and Goal. There are different ways to accomplish this:

1. Pre-built Prevention/Intervention Objective Statements A set of objective statements specific to the Substance Abuse Prevention/Intervention Specialist Program (SAPISP) have been pre-built for your convenience and to assist in the collection of consistent data across the SAPISP Program. Some or all of these objective statements may be applicable for © Consortiums and/or ¥ School Districts with Prevention/Intervention programs.

2. Focus approach This approach to beginning an objective statement relies on identifying the focus and goal of the objective statement, and the data system will automatically identify the appropriate domain and risk/protective factor. This was developed for © Consortiums and ¥ School Districts with limited exposure to the Risk/Protective Factor Prevention Framework.

3. Risk/Protective Factor Framework approach This approach to developing an objective statement is available to those familiar with the Risk/Protective Factor Framework.

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Safe and Drug Free Schools and Communities Data System
Desk Reference Guide

1. Substance Abuse Prevention/Intervention Specialist Program (SAPISP) Objectives A list of pre-determined statewide goals for the Substance Abuse Prevention/Intervention Specialist Program (SAPISP) is included in the system. You will check the statement(s) that apply to your program. You may add local performance measures to any or all of the objective statements you select. You may also build additional objective statements using the second or third method described above as well.

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease cigarette smoking **Target Audience:** High school students
State Benchmark: Decrease students reporting cigarette smoking in last 30 days

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease alcohol use **Target Audience:** High school students
State Benchmark: Decrease students reporting alcohol use in last 30 days

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease marijuana use **Target Audience:** High school students
State Benchmark: Decrease students reporting marijuana use in last 30 days

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease smokeless tobacco use **Target Audience:** High school students
State Benchmark: Decrease students reporting smokeless tobacco use last 30 days

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease binge drinking **Target Audience:** High school students
State Benchmark: Decrease students reporting binge drinking in past 2 weeks

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease cigarette smoking **Target Audience**: Middle school students
State Benchmark: Decrease students reporting cigarette smoking in last 30 days

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease alcohol use   **Target Audience**: Middle school students
State Benchmark: Decrease students reporting alcohol use in last 30 days

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease marijuana use   **Target Audience:** Middle school students
State Benchmark: Decrease students reporting marijuana use in last 30 days

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease smokeless tobacco use   **Target Audience:** Middle school students
State Benchmark: Decrease students reporting smokeless tobacco use last 30 days

Domain: Individual **R/P:** Early initiation of problem behavior
Goal: Decrease binge drinking **Target Audience:** Middle school students
State Benchmark: Decrease students reporting binge drinking in last 2 weeks

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Domain: Individual **R/P:** Favorable attitudes toward problem behavior
Goal: Increase perceived risk of drug use **Target Audience:** High school students
State Benchmark: Increase the percentage of youth who perceive the harmfulness of marijuana use

Domain: Individual **R/P:** Favorable attitudes toward problem behavior
Goal: Increase perceived risk of drug use   **Target Audience:** High school students
State Benchmark: Increase the percentage of youth who perceive the harmfulness of cigarette smoking

Domain: Individual **R/P:** Favorable attitudes toward problem behavior
Goal: Increase perceived risk of drug use **Target Audience:** High school students
State Benchmark: Increase the percentage of youth who perceive the harmfulness of binge drinking

Domain: Individual **R/P:** Favorable attitudes toward problem behavior
Goal: Increase perceived risk of drug use **Target Audience:** Middle school students
State Benchmark: Increase the percentage of youth who perceive the harmfulness of marijuana use

Domain: Individual **R/P:** Favorable attitudes toward problem behavior
Goal: Increase perceived risk of drug use **Target Audience:** Middle school students
State Benchmark: Increase the percentage of youth who perceive the harmfulness of cigarette smoking

Domain: Individual **R/P:** Favorable attitudes toward problem behavior
Goal: Increase perceived risk of drug use   **Target Audience:** Middle school students
State Benchmark: Increase the percentage of youth who perceive the harmfulness of binge drinking

Domain: School **R/P:** School Bonding
Goal: Increase school bonding **Target Audience:** High school students
State Benchmark: Decrease the percentage of students at risk due to low commitment to school

Domain: School **R/P:** School Bonding
Goal: Increase school bonding **Target Audience:** Middle school students
State Benchmark: Decrease the percentage of students at risk due to low commitment to school

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2. Focus approach

Select a focus area and goal to begin an objective statement. The Domain and Risk/Protective (R/P) will automatically fill in. This method was used in the POE Tool.

? Focus Area

? Goal	*R/P Factor*	*Domain*
Crisis Planning		
Increase school capacity to respond to a crisis	Health believes and clear standards	School
Substance Abuse /Early Initiation		
Decrease rate of amphetamine use	Early initiation of problem behavior	Individual
Decrease rate of alcohol use		
Decrease rate of any use		
Decrease rate of binge drinking		
Decrease rate of cigarette use		
Decrease rate of hallucinogen use		
Decrease rate of inhalant use		
Decrease rate of marijuana use		
Decrease rate of other drug use		
Decrease rate of smokeless tobacco use		
Substance Abuse Prevention		
Decrease attitudes that support use	Favorable attitudes	Individual
Decrease low school commitment	Lack of commitment to school	School
Decrease perceived availability of drugs	Availability of Drugs	Community
Decrease rate of any use	Early initiation of problem behavior	Individual
Delay initiation of use	Early initiation of problem behavior	Individual
Increase opportunities for pro-social involvement	Constitutional factors	Individual
Increase perceived risk of drug use	Favorable attitudes	Individual
Increase recognition for pro-social involvement	Constitutional factors	Individual
Violence Prevention		
Decrease favorable attitudes toward anti-social	Favorable attitudes	Individual
Decrease low commitment to school	Lack of commitment to school	School
Decrease perception of harassment/bullying	Favorable attitudes	Individual
Increase school bonding	School bonding	School
Increase reports of feeling safe at school	School bonding	School
Reduce incidence of anti-social/ violent behavior	Early /persistent anti-social behavior	Individual

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3. Domain Risk/Protective Factor Approach

? Domain. Domain are the 4 main categories of Risk and Protective Factors.

Individual: Risk/Protective factors that are related to individual characteristics
Family: Risk/Protective factors that are related to family characteristics
Community: Risk/Protective factors that are related to community factors
School: Risk/Protective factors that are related to school factors

? Risk/Protective Factor

Risk factors are characteristics of individuals, their families, schools, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence.

The available risk/protective factors to choose from are specific to each domain. If the risk/protective factor you want is not in the drop down list, return to the domain field and select another domain.

Risk/Protective Factor Type	Description
Availability of drugs	The more available drugs are in a community, the higher the risk that young people will abuse drugs in the community.
Community laws and norms favorable to drug use, firearms and crime	Community norms are attitudes a community holds about drug use and crime. They are communicated through laws, policies, informal social practices, and through the expectations parents and other members of community members have of young people.
Transitions and mobility	Even normal school transitions predict increases in problem behaviors, i.e., when children move from elementary school to middle school or from middle school to high school. Additionally, communities with high rates of mobility–the more often people in a community move–the greater the risk of both criminal behaviors and drug-related problems in families.
Low neighborhood attachment and community disorganization	Higher rates of problem behavior occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places.
Extreme economic deprivation	Children who live in deteriorating and high-crime neighborhoods characterize by extreme poverty are more likely to develop problem behavior.
Community bonding	Children who are attached to positive community and who are committed to achieving the goals valued by the community are less likely to engage in problem behavior.
Community healthy beliefs and clear standards	The community with whom young people have bonds need to have health beliefs about problem behavior, as well as clear, positive standards for behavior.
Family history of problem behavior	If children are raised in a family with a history of problem behavior, the risk that the children themselves will be involved in problem behavior increases.
Family management problems	Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children, and excessively sever or inconsistent punishment.
Family conflict	Persistent, serious conflict between primary caregivers or between caregivers and children appears to increase children's risk for problem behavior
Parental attitudes/involvement in drug use, crime and violence	Parental approval of problem behavior, or parents own involvement in problem behavior, increases the risk that the young person will engage in problem behavior.

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Risk/Protective Factor Type	Description
Family bonding	Children who are attached to positive family and who are committed to achieving the goals valued by the family are less likely to engage in problem behavior.
Family healthy beliefs and clear standards	The family with whom young people have bonds need to have health beliefs about problem behavior, as well as clear, positive standards for behavior.
Academic failure	Beginning in late elementary school (4–6 grades), academic failure increases the risk of problem behavior.
Lack of commitment to school	Those who do not have commitment to school, i.e., value their role as a student, are at higher risk of problem behavior.
School bonding	Children who are attached to positive school and who are committed to achieving the goals valued by the school are less likely to engage in problem behavior.
School healthy beliefs and clear standards	The school that young people have bonds need to have health beliefs about problem behavior, as well as clear, positive standards for behavior.
Early and persistent antisocial behavior	Boys who are aggressive in grades K through 3 are at higher risk of problem behaviors. Additionally, youth in early adolescence that misbehave in school, skip school, and/or get into fights with other children, are at increased risk of problem behavior.
Alienation/rebelliousness	Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of problem behavior.
Friends who engage in the problem behavior	Young people who associate with peers who engage in problem behavior are much more likely to engage in the same problem behavior.
Gang Violence	Children who have delinquent friends are at higher risk of problem behavior. Gang members are even more likely than children who have delinquent friends to engage in problem behaviors.
Favorable attitudes toward the problem behavior	Attitudes that are accepting of problem behavior places youth at higher risk for engaging in problem behaviors.
Early initiation of problem behavior	The earlier young people begin engaging in problem behavior, the greater the likelihood that they will engage in the problem behavior.
Constitutional factors	Constitutional factors may have a biological or physiological basis. These factors are often seen in young people who engage in sensation-seeking and low harm-avoidance behavior and those who demonstrate a lack of impulse control.
Individual/Peer bonding	Children who are attached to positive peers and who are committed to achieving the goals valued by the peers are less likely to engage in problem behavior.
Individual/Peer healthy beliefs and clear standards	The peers with whom young people have bonds need to have health beliefs about problem behavior, as well as clear, positive standards for behavior.

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? Goal

Goal statements are the specific change the program is working to achieve.

The available goal statements to choose from are specific to each risk/protective factor. If the goal statement you want is not in the drop down list, return to the risk/protective factor field and select another risk/protective factor. Try to use one of the goals included to support state level analysis and creation of a more descriptive statement. If you choose "other goal", please list the specific goal you are addressing the comment box of the objective statement section.

Domain	Risk/Protective Factor	Goal
Community	Community Bonding	• Enhance acquisition of culturally defined values • Increase acquisition of social skills • Increase community readiness to address alcohol, tobacco and other drug issues • Increase community volunteerism • Increase opportunities involvement in drug-free activities • Increase opportunities for pro-social involvement • Increase participation in community recognition events • Increase referrals to support agencies
	Healthy Beliefs and Clear Standards	• Increase community readiness to address alcohol, tobacco and other drug issues • Increase number of "reinforcement" tickets to reward appropriate behavior • Increase number of volunteers for pro-social activities • Increase the connections among community members • Increase the understanding of the importance of tribal culture, traditions, and heritage • Increase understanding of influence of community norms on children's lives
	Availability of Drugs	• Decrease perceived availability of drugs • Decrease teen parties involving alcohol and other drugs • Enhance and enforce school policies • Increase community readiness to address alcohol, tobacco and other drug issues • Increase compliance • Increase enforcement of laws prohibiting alcohol sales to minors • Increase enforcement of laws prohibiting tobacco sales to minors • Increase knowledge of state laws regarding alcohol sales • Increase knowledge of state laws regarding tobacco sales • Reduce access to drug precursors (methamphetamine production) • Reduce sales to minors • Reduce youth access

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Domain	Risk/Protective Factor	Goal
Community Continued	Community Laws and Norms Favorable to Drug Use, Firearms & Crimes	• Decrease environmental influences • Decrease number of community events with "beer gardens" • Increase closing time of bars • Increase community readiness to address alcohol, tobacco and other drug issues • Increase legal sanctions for providing alcohol/tobacco to minors • Increase legal sanctions for social hosting of underage parties • Increase opportunities for pro-social involvement • Reduce policies, social practices favorable toward alcohol, tobacco and other drug use • Reduce social acceptance of alcohol, tobacco and other drug use
	Extreme Economic Deprivation	• Decrease the wait for participation in means-tested programs • Increase donations to schools and agencies to support involvement of youth • Increase economic self-sufficiency • Increase opportunities for pro-social involvement • Increase parenting care-giving skills • Increase use of public transportation by targeted populations
	Low Neighborhood Attachment & Community	• Increase commitment to being alcohol and other drug free • Increase communication • Increase community involvement • Increase community readiness to address alcohol, tobacco and other drug issues • Increase community support for prevention • Increase community understanding of prevention issues • Increase involvement by parents in community: school, church, community agencies, etc. • Increase involvement in programs and activities • Increase opportunities for pro-social involvement • Increase participation and support from stakeholders • Increase participation in cultural events • Increase perception that youth can make a difference • Increase the number of people involved in community activities/planning • Strengthen inter-agency connections
	Transitions and Mobility	• Increase community readiness to address alcohol, tobacco and other drug issues • Increase number of positive welcome contacts with people new to neighborhoods • Increase opportunities for pro-social involvement • Increase participation in church-focused youth activities • Increase participation in community events/activities • Increase use of positive "buddies" and upper-classman "mentors" by schools

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Domain	Risk/Protective Factor	Goal
Family	Family Bonding	• Increase ability to utilize positive discipline practices and skills • Increase opportunities for pro-social involvement • Increase skills regarding healthy pregnancy, prep for delivery, and maintaining a child's health • Increase skills to contribute to the healthy development of a baby • Increase use of effective communication skills
	Healthy Beliefs and Clear Standards	• Increase number of family meetings where issues are discussed and family values clarified • Increase number of family-related activities • Increase recognition of family-held clear standards to be drug-free
	Family Conflict	• Increase arrests for domestic violence • Increase awareness of domestic violence • Increase referral for domestic violence referrals • Increase referral skills to Child Protective Services • Reduce family conflict
	Family History of Problem Behavior	• Correct misperceptions of normal use • Increase awareness of the family member's problem and its impact on the participant • Increase families knowledge of physiological impact of alcohol, tobacco and other drugs • Increase family member's knowledge of legal consequences • Increase knowledge and skills to deal with recovering person returning • Reduce impact of substance abuse by enhancing protective factors
	Family Management Problems	• Improve attitudes about family management skills • Improve communication skills / Increase levels of family communication • Improve parental well-being • Increase family involvement • Increase knowledge of child development and growth stages • Increase knowledge of family management skills • Increase opportunities for pro-social involvement • Increase sense of family cohesion/connectedness • Increase use of family management skills
	Favorable Parental Attitudes & Involvement in the Problem Behavior	• Decrease incidence of parents delivering pro-use messages • Decrease parental use of substances • Decrease use of children assisting parents in obtaining their drugs • Increase parental awareness of risk/protective factors and the consequences of involvement • Reduce parental approval of youth alcohol, tobacco and other drug use
Individual	Peer Bonding	• Increase opportunities for pro-social involvement • Increase opportunity for youth to become involved in planning youth-directed activities and events • Increase participation in non-school activities • Increase participation in school activities
	Healthy Beliefs and Clear Standard	• Decrease incidences of "acting out" in class • Increase decision-making skills • Increase enforcement of laws prohibiting alcohol sales to minors • Increase opportunities for pro-social involvement • Increase recognition for pro-social involvement

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Domain	Risk/Protective Factor	Goal
Individual Continued	Constitutional Factors	• Decrease incidences of "acting out" in class • Increase decision-making skills • Increase enforcement of laws prohibiting alcohol sales to minors • Increase opportunities for pro-social involvement • Increase recognition for pro-social involvement
	Early and Persistent Antisocial Behavior	• Decrease aggressive behavior • Improve personal competence • Improve social competence skills • Increase family communication • Increase leadership opportunities • Increase opportunities for pro-social involvement • Increase parental skills • Reduce discipline problems • Reduce the incidence of anti-social and/or violent behaviors
	Early Initiation of the Problem Behavior	• Decrease rate of alcohol use • Decrease rate of amphetamine use • Decrease rate of any use • Decrease rate of binge drinking • Decrease rate of cigarette use • Decrease rate of hallucinogen use • Decrease rate of inhalant use • Decrease rate of marijuana use • Decrease rate of other drug use • Decrease rate of smokeless tobacco use • Delay initiation • Increase communication skills • Increase family cohesion • Increase refusal and resistance skills
	Favorable Attitudes toward the Problem Behavior	• Decrease attitudes that support the use of alcohol and other substances • Decrease favorable attitudes toward antisocial behavior • Decrease intention to use • Decrease norms about underage drinking • Decrease the perception of harassment and bullying • Decrease perception of peer use • Decrease rate of alcohol use • Decrease rate of amphetamine use • Decrease rate of any use • Decrease rate of binge drinking • Decrease rate of cigarette use • Decrease rate of hallucinogen use • Decrease rate of inhalant use • Decrease rate of marijuana use • Decrease rate of other drug use • Decrease rate of smokeless tobacco use • Decrease the number reporting to have ridden in a vehicle driven by someone who had been drinking • Increase knowledge about social norms • Increase knowledge of substance abuse • Increase media literacy

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Individual Continued	Favorable Attitudes toward the Problem Behavior Continued	• Increase opportunities, skills and recognition to promote bonding to community role models • Increase perceived risk of drug use • Increase perception of harm • Increase refusal and resistance skills • Increase use of refusal skills
	Friends Who Engage in the Problem Behavior	• Increase opportunities, skills and recognition to promote bonding to community role models • Increase refusal and resistance skills • Increase stress management skills • Increase the number of drug free activities
	Rebelliousness	• Decrease misconduct • Improve classroom behaviors • Improve school attendance • Increase family communication • Increase opportunities, skills, and recognition for participation in community / school activities • Increase opportunities, skills and recognition to promote attachment • Increase opportunities, skills and recognition to promote bonding to community role models • Increase parental skills
	Gang Violence	• Increase refusal and resistant skills • Increase the number of drug-free activities • Increase stress management skills
School	School Bonding	• Increase opportunities for pro-social involvement • Increase opportunity to become involved in planning youth-directed activities and events • Increase participation in non-school activities • Increase participation in school activities • Increase school bonding • Increase reports of feeling safe at school
	Health Beliefs and Clear Standards	• Decrease presentation of pro-use messages • Increase awareness of school policies regarding alcohol, tobacco and other drug use/possession • Increase community volunteers for youth services • Increase consistency and clear expectation skills for parents and schools • Increase the number of mentors • Increase opportunities, skills and recognition to promote bonding to community role models • Increase presentation of no-use messages on school campuses • Increase school capacity to respond to a crisis • Increase the number of school policies regarding alcohol, tobacco and other drug use/possession • Strengthen school policies regarding alcohol, tobacco and other drug use/possession

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School Continued	Academic Failure Beginning in the Late Elementary School	• Improve academic performance • Improve classroom behaviors • Improve parent involvement skills • Increase opportunities for pro-social involvement • Increase opportunities, skills and recognition to promote bonding to community role models • Increase parent involvement
	Lack of Commitment to School	• Decrease low commitment to school • Decrease misconduct • Decrease the dropout rate • Improve grades • Increase parent involvement skills • Improve school attendance • Increase academic scores • Increase motivation to learn • Increase opportunities for pro-social involvement • Increase opportunities, skills and recognition to promote bonding to community role models • Increase the level of family involvement in schools

? Target Population for the Objective Identify who will be influenced or impacted. Who is the focus of the change? Select all that apply.

Elementary School Student: Students attending elementary school
Middle Level School Student: Students attending middle level school
Intermediate School Student: Students attending intermediate school
High School Student: Students attending high school
Parents: Parents of youth under 24
Families: Family units, including parents or guardians and youth
School Staff and Volunteers: Staff and volunteers working in a school setting
Youth (Under the Age of 18): Youth under the age of 18, not in a school setting
Youth Services Agency Staff: Youth service agency staff and volunteers
Church/Religious Leaders: Church leaders, especially youth group leaders
Community Festival Organizers: Individuals involved in planning/organizing community-wide events
Business Personnel: Individuals involved in businesses in the community
Law Enforcement Personnel: Individuals involved in law enforcement activities
General Population: Members of the community as a whole
Policy Makers: Individuals that influence the formation and enforcement of policies
Other: If choose other, please indicate specifics in comment section of the objective statement section.

? State Benchmark The Initial (i.e., (S)) at the beginning of each benchmark statement represents the domain it is associated with. The state benchmarks were collaboratively established in 1998 by a joint-agency committee comprised of the Department of Social and Health Services – Division of Alcohol and Substance Abuse, the Office of Superintendent of Public Instruction, Community, Trade and Economic Development – Community Mobilization Program, Department of Health, Family Policy Council, Traffic Safety Commission, Liquor Control Board, as part of the SPF SIG grant. The statewide planning and measures were intended to provide focus to change efforts across various agencies and service delivery systems. Utilizing the benchmarks will allow prevention programs across the state to compile results and measure impact using common measures. Since their creation, they have been updated regularly. Although there are gaps, they will continue to be modified and enhanced to be meaningful. The relationship between your specific objective and benchmark may not always direct, so choose the most meaningful benchmark possible.

(I) Decrease youth reporting alcohol use in last 30 days
(I) Decrease youth reporting marijuana use in last 30 days
(I) Decrease youth reporting cigarette smoking in last 30 days
(I) Decrease youth reporting smokeless tobacco use in last 30 days
(I) Decrease youth reporting binge drinking in last 2 weeks
(I) Decrease youth reporting any substance use in last 30 days
(I) Increase the age youth start using alcohol
(I) Increase the age youth start using tobacco
(I) Increase the age youth start using marijuana
(I) Increase the percentage of youth who perceive the harmfulness of smoking
(I) Increase the percentage of youth who perceive the harmfulness of binge drinking
(I) Increase the percentage of youth who perceive the harmfulness of marijuana use
(I) Increase the percentage of youth who perceive the harmfulness of any use
(I) Increase the number of women who do not use alcohol during pregnancy
(I) Increase the number of women who do not use cigarettes during pregnancy
(I) Decrease the percentage of youth who reported riding in a vehicle with a driver who has been drinking

(C) Decrease the number of community members who don't perceive their communities as having strong laws and norms
(C) Increase the percent of community members who perceive rewards for pro-social involvement in their communities
(C) Increase the percent of community members who perceive opportunities for pro-social involvement in their communities

(S) Increase the number of students who feel safe at school
(S) Decrease the percentage of students at risk due to low commitment to school
(S) Increase the percent of students who attend school regularly
(S) Increase the percent of students who complete high school
(S) Increase academic achievement

(F) Increase bonding and strong attachment to family

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Create a Local Performance Measure

In addition to the state benchmark, you may also create a local performance measure. This is a measurement between the state benchmark and the evaluation at the activity level. Local performance measures provide a bridge between big the picture, and may show impact at local level. Although it is often hard to show high level impact with 1-year objectives, and data is often not readily available, it is beneficial to show impact at the local level if possible. This section is optional.

? Data Source

Healthy Youth Survey data: The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and Community Trade and Economic Development. The Healthy Youth Survey provides important information about adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth.
http://www3.doh.wa.gov/HYS/

DSHS/ County Profile data: A comprehensive collection of county data related to substance use and abuse, and the risk factors that predict substance use among youth. Data are organized and presented within a risk and protective factor framework used across the state by substance abuse prevention planners.
http://www1.dshs.wa.gov/RDA/research/4/47/2004/default.shtm

Substance Abuse Prevention/Intervention Specialists Program (SAPISP) data: A collection of data specific to the SAPISP program, including, results from surveys and focus groups, individual questionnaires and assessments, and routine record collections.
http://www.rmccorp.com/Project/PIeval.html

Rocky Mountain Survey data: The American Drug and Alcohol Survey (ADAS) provides critical information to help school districts and communities understand the nature and extent of local substance use. The results of the survey can help you assess community needs, evaluate prevention programs, identify trends in substance use over time, and provide the data required to write grant proposals and inspire others to get involved in substance use prevention. http://www.rmbsi.com/whatis.html

Pride Survey data: Pride Surveys was created in 1982 by educators at Georgia State University in Atlanta and Western Kentucky University in Bowling Green. Their purpose was to help local schools measure student alcohol, tobacco and other drug use. Pride Surveys now measure behavior on many crucial issues that can affect learning: family, discipline, safety, activities, gangs, and more. With today's emphasis on evaluation and accountability, Pride Surveys have assisted single schools, school districts, state and federal agencies, and other organizations such as community coalitions. In 1998 a federal law designated Pride Surveys as an official measurement of adolescent drug use in America.
http://www.pridesurveys.com/index.html

Search Institute Survey data: The Search Institute Survey Services unit provides a growing array of surveys to help communities better understand the needs of their youth and to develop asset-building strategies to meet those needs. Survey Services staff members are experienced technical assistants providing step-by-step consultation throughout the survey administration process. http://www.search-institute.org/surveys/

School Report Card data: Includes addresses, WASL, ITBS, and demographic information and more http://reportcard.ospi.k12.wa.us/

Youth Risk Behavior Survey data: The Youth Risk Behavior Survey was created by the Centers for Disease Control and Prevention (CDC) in 1990 to determine how common certain behaviors are among today's young people. The Youth Risk Behavior Survey looks at those health behaviors that have the greatest impacts on a person's health and well-being. http://www.cdc.gov/HealthyYouth/yrbs/

Truancy, Weapons and Student Behavior data: State and federal law require districts to report truancy, weapons and suspension/expulsion data on an annual basis.
http://www.k12.wa.us/SafeDrugFree/WeaponsReport.aspx
http://www.k12.wa.us/Truancy/

Other data: If use other data, please indicate the name in the comment box.

? **Name, if Other** If check other data source, provide the name of the data source.

? **Item to be Measured** Indicate the specific data item/question that will be used.

? **From Baseline Value and Date** Indicate the beginning value, either percentage (%) or number (#), and the date of the initial measurement.

? **To the Target Value and Date** Indicate the proposed end value, either percentage (%) or number (#), and the proposed date of the final measurement.

? **Comments** Include any comments or narrative baseline and target values.   Include specific information if "other" goal, or "other" target populations was select.

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SAMPLE OBJECTIVE STATEMENTS

Washington School District will decrease (Individual) Favorable Attitudes Toward Problem Behavior by Increasing Perception of Harm for Middle School student in an effort to reduce the proportion of youth reporting use of alcoholic beverages during the past 30 day as measured by "How much do you think people risk harming themselves" (data source: PI data) from 3% to 5%. Notes: The values reflect the % change of perceiving the risk as an average of all responses.

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3d. Planned Activities

The Principles of Effectiveness prescribes that programs/activities proposed to address the objectives developed in Step Two be based on scientifically based research. Scientifically-based research provides evidence that the activity used will reduce violence and illegal drug use (4115(a)(1)(C) & 4112(a)(5)(A-C)).

Planned activities will be linked to your established program objectives. You may have one activity to multiple objectives (i.e., Student Assistance Program), multiple activities to one objective (i.e., Meth Action Team), or one objective to one activity.

Create activities specific enough to show results, but general enough to retain local flexibility to be responsive. ♥ CM Contractors, look to Section 4115 - Use of Funds–Grants and contracts for guidance on general categories for activities: (A)Activities that complement and support local education agency activities, including developing and implementing activities to prevent and reduce violence associated with prejudice and intolerance; (B) dissemination of information about drug and violence prevention; and
(C) developing and implementation of community-wide drug and violence prevention planning and organizing.

To that end, please identify the activities that you will implement, and link them to the specific objective they will address.

Once you have completed all of these tasks, you are ready to move onto Step 4 of the POE Planning Process–Reporting results and evaluation activity effectiveness.

Link to which objective(s) this activity will address:

All the objective statements built in Step 2 will be listed. You will be asked to attach one or more objective statements to the activity you are building. All objective statements must be linked to at least one activity before the plan can be submitted for approval.

? Activity Type

Scientifically-based: Be based on scientifically based research that provides evidence that the program to be used will reduce violence and illegal drug use. The program has been researched using rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs. A listing of these programs and detailed information about the majority of scientifically-based programs included in the system are located at http://casat.unr.edu/bestpractices/search.php If you have a program you feel needs to be added to the list, contact OSPI or CTED.

Planning/Support: an option for © consortiums only for capacity building for the districts within the consortium, including activities, such as: professional development, technical assistance, and material purchasing.

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Other: Any program that has not been researched using rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs. © Consortiums and ¥ School Districts, are required to complete a waiver if other activity is selected.

? Name of program For scientifically-based activities, select the name from the list if scientifically-based activities provided. See Reference Sheet #3 for a complete list. Type in the name in the text box provided if the activity type is "other" or "planning/support."

? Activity Category These are the activities authorized in Title IV, section 4115. If more than one applies, choose the option that most represents the planned activity. Although these are authorized at the federal level, there may be limitations at the state level given not all of the authorized activities are scientifically based or measured practices.   In addition, the activities may not meet the principles of effectiveness. Please contact your Program Coordinator if you need assistance.

Student assistance program: Age appropriate and developmentally based activities that (I) address the consequences of violence and the illegal use of drugs, as appropriate; (II) promote a sense of individual responsibility; (III) teach students that most people do not illegally use drugs; (IV) teach students to recognize social and peer pressure to use drugs illegally and the skills for resisting illegal drug use; (V) teach students about the dangers of emerging drugs; (VI)) engage students in the learning process; and, (VII) incorporate activities in secondary schools that reinforce prevention activities implemented in elementary schools.

Information dissemination: Dissemination of drug and violence prevention information to schools and the community

Professional development: Professional development and training for, and involvement of, school personnel, pupil services personnel, parents, and interested community members in prevention, education, early identification and intervention, mentoring, or rehabilitation referral, as related to drug and violence prevention

Family and community activities: Activities that involve families, community sectors (which may include appropriately trained seniors) , and a variety of drug and violence prevention providers in setting clear expectations against violence and illegal use of drugs and appropriate consequences for violence and illegal use of drugs.

Community planning and organizing: To reduce violence and illegal drug use, which may include gang activity prevention

School-based mental health services: To expand and improve school-based mental health services related to illegal drug use and violence, including early identification of violence and illegal drug use, assessment, and direct or group counseling services provided to students, parents, families, and school personnel qualified school-based mental health service providers.

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Conflict resolution programs: Including peer mediation programs that educate and train peer mediators and a designated faculty supervisor, and youth anti-crime and anti-drug councils and activities.

Alternative education program: Education programs or services for violent or drug abusing students that reduce the need for suspension or expulsion or that serve students who have been suspended or expelled from the regular educational settings, including programs or services to assist students to make continued progress toward meeting the State academic achievement standards and to reenter the regular academic setting.

Mentoring: Programs that encourage students to seek from, and to confide in, a trusted adult regarding concerns about violence and illegal drug use.

Drug and violence prevention: Activities designed to reduce truancy.

Victimization programs: Age-appropriate, developmentally-based violence prevention and education programs that address victimization associated with prejudice and intolerance, and that include activities designed to help students develop a sense of individual responsibility and respect for the rights of others, and to resolve conflicts without violence.

Drug testing: Consistent with the fourth amendment to the Constitution of the United States, the testing of a student for illegal drug, including at the request of or with the consent of a parent or legal guardian of the student, if the local educational agency elects to so test.

Locker inspection: Consistent with the fourth amendment to the Constitution of the United States drug use the inspecting of a students' locker for weapons or illegal drugs or drug paraphernalia, including at the request of or with the consent of a parent or legal guardian of the student, if the local educational agency elects to so inspect.

Emergency intervention: Services following traumatic crisis events, such as a shooting, major accident, or a drug-related incident that have disrupted the learning environment.

Transferring suspension/expulsion records: Establishing or implementing a system for transferring suspension and expulsion records, consistent with section 444 of the General Education Provision Act (20 U.S.C. 1232g), by a local educational agency to any public or private elementary school or secondary school.

Character education program: Developing and implementing character education programs, as a component of drug and violence prevention programs, that take into account the views of parents of the students for whom the program is intended.

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School safety hotline: Establishing and maintaining the hotline.

Community service project: Including community service performed by expelled students, and service-learning projects.

Employee background checks: Conducting a nationwide background check of each local educational agency employee, regardless of when hired, and prospective employees for the purpose of determining whether the employee of prospective employee has been convicted of a crime that bears upon the employee's fitness (I) to be responsible for the safety or well-being of the children; (II) to serve in the particular capacity in which the employee or prospective employee is or will be employed; (III) to otherwise be employed by the local educational agency.

Youth suicide prevention training: Programs to train school personnel to identify warning signs of youth suicide and to create an action plan to help youth at risk of suicide.

Domestic violence and child abuse programs: Programs that respond to the needs of students who are faced with domestic violence or child abuse.

Evaluation of authorized activities: The evaluation of any of the activities authorized. The collection of objective data used to assess program needs, program implementation, or program success in achieving program goals and objectives.

Acquiring and installing metal detectors: Including electronic locks, surveillance cameras, or other related equipment and technologies

Reporting criminal offenses: That are committed on school property

Developing school security plan: Developing and implementing comprehensive school security plans or obtaining technical assistance concerning such plans, which may include obtaining a security assessment or assistance from the School security and Technology

Resource Center:

Supporting safe zones: Supporting safe zones of passage activities that ensure that students travel safely to and from school, which may include bicycle and pedestrian safety programs.

Hiring and training for school security officers: Training for those who interact with students in support of youth drug and violence prevention activities under this part that are implemented in the school.

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? Strategy Type If more than one applies, choose the predominate type, or enter two activities.

Universal: Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk.

Selective: Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment–for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994), and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population.

Indicated: Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a sub-clinical level (IOM 1994). Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs.

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? Activity Focus (♥ CM only)

<u>General Prevention program:</u> Use this focus area for all direct services, scientifically-based programs and innovative programs. You may enter one or more.

<u>Meth Action Team:</u> Use this focus area to document your Meth Action Team and activities. You must enter one, and may do more.

<u>Community Organizing:</u> Use this focus area to document your community organizing activities. You may enter one or more. Use this option for your Community Mobilization Board, Coalition Activity, Core Board or specific community organizing activity. If you have specific community organizing activity related to one of the General Prevention Program Activities, ensure that you do not duplicate your reporting effort. You will need to make a choice if you are reporting with the specific activity or separately as a community organizing activity. You may aggregate all of your community organizing activity.

? Proposed Start Date The system default is September 1 for ¥ School Districts and © Consortiums and July 1 for ♥ CM Contractors. Enter the initial date of service. Modify the default if you have an idea of the specific date the planned activity will begin. For multiple offerings, use the beginning date of the first offering and the planned end date for the last offering and enter the exact delivery start and end for each offerings when completing the activity reporting. For example: You are conducting a Strengthening Families program offering one cohort group. You are beginning it in the fall and concluding it 8 weeks later. Please enter the fall date: i.e. September 1 and then enter a date 8 weeks later, i.e., November 15.   Being specific will help generate better reports to help you manage your internal process.

? Proposed End Date Default for August 30 for ¥ School Districts and © Consortiums and June 30 for ♥ CM Contractors. Enter the final date of service. Modify if you have an idea of the specific date the planned activity will end. For multiple offerings, use the beginning date of the first offering and the planned end date for the last offering and enter the exact delivery start and end for each offerings when completing the activity reporting.

? Activity Description (optional) A comment box is available to provide details about the activity, including: # of deliveries, # of sites, different audiences, and special populations served.

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? Funding Source(s) / Partner(s) Identify the funding sources/in-kind partners. This helps show leveraging potential of SDFSC program. Estimate the amount of funds that will be expended as best you can. You will be able to modify to actual amounts when reporting on the activity. Only develop activity plans for those activities primarily funded by SDFSC funds. ©, ¥ Only activities with "SDFSC – school" box checked will be included in the iGrant transfer. ♥ For CM Contractors, each activity is expected to include SDFSC – community mobilization funding. Additionally, ♥ for CM Contractors, funding source is checked, the funding dollar amount is required. Check all that apply.

> SDFSC–school
> SDFSC–community mobilization
> Substance Abuse Prevention/Intervention Specialist Program
> School District
> Educational Service District (ESD)
> Readiness to Learn
> City/County
> DASA
> Tobacco Prevention
> Law Enforcement/Juvenile Justice
> Service/Civic organization
> Local Business
> Faith-based Organization
> Tribe/Tribal Organization
> Community member/volunteers
> Other

? Target Population: (list of ages/grades) Identify who will participate in or be impacted by the activity. Check all that apply.

> 0–4 (Pre–K)
> Ages 5–6 (K)
> Ages 6–7 (Grade 1)
> Age 7–8 (Grade 2)
> Ages 8–9 (Grade 3)
> Ages 9–10 (Grade 4)
> Ages 10–11 (Grade 5)
> Ages 11–12 (Grade 6)
> Ages 12–13 (Grade 7)
> Ages 13–14 (Grade 8)
> Ages 14–15 (Grade 9)
> Ages 15–16 (Grade 10)
> Ages 16–17 (Grade 11)
> Ages 17–18 (Grade 12)
> Ages 18–24 (Young Adult)
> Ages 25–64 (Adult)
> Ages 65+(Senior)

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? Priority Populations (♥ for CM only) Check any that apply.

<u>Children and youth not normally served by the state education agency and/or local education agency</u>
<u>Individuals needing mental health services related to drug and violence prevention</u>
<u>Youth in juvenile detention centers</u>
<u>Runaway or homeless youth</u>
<u>Pregnant and parenting teens</u>
<u>School dropouts</u>

Please respond to the following questions concerning your evaluation plan.

? Name of measurement tool

<u>Survey</u>
<u>Pre/Post survey</u>
<u>Interview</u>
<u>Observation</u>
<u>CTED Tool–Family Domain</u>
<u>CTED Tool–Individual/Peer Domain</u>
<u>CTED Tool–School Domain</u>
<u>CTED Tool–Community Domain</u>
<u>Other Tool</u>

(♥ for CM Contractors)

If you are a CTED Community Mobilization Program, mark your Activity Evaluation Plan as follows:

If you are planning to use:	Select data system checkbox:	And fill in comment section:
CTED Family Tension Measure pre-post survey	CTED family tool	<no comment needed>
WSU Strengthening Families Evaluation	CTED family tool	"WSU"
CTED Individual domain pre-post survey	CTED individual/peer tool	<no comment needed>
CTED School domain pre-post survey	CTED school tool	<no comment needed>
CTED Community domain pre-post survey	CTED community tool	<no comment needed>
Focus group	Focus group	<no comment needed>
Key informant interviews	Interview	"Key informant interviews"
CM Scorecard	Interview	"CM Scorecard"
Other survey tool	Survey	Fill in survey name and source

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? Population being measured Type in the text box provided the population to be measured, such as: Elementary school students, Middle level school students, High school students, Parents, Families, School staff and volunteer, Youth under 18 years of age, Youth Service Agency staff and volunteers, Church and Religious Leaders, Community Festival Organizers, Business Personnel, General Population, Policy Makers, Law Enforcement Personnel, Other.

? Recipient(s) of results Type in the text box provided who will receive the evaluation results, such as: Media, Organizations, General Public, Community Groups, Current/Potential Funders, Administration, Board Members, CTED, OSPI, ESD, Other.

? Method of disseminating Type in the text box provided the method you will used to disseminate the evaluation results, such as: Abstracts/briefing, Annual evaluation report, Fact sheet, Brochure/poster, Exhibit, Press Conference, Press Release, Town Meeting, Other.

? Comments ♥ For CM, <<delete – if the measurement tool is survey, indicate in the comment section if it was either the CTED CM Scorecard or the CTED Participation Survey.>> fill in the comment box as directed in the chart above.

4 - Activity Reporting

Step Four *of the Principles of Effectiveness prescribes that programs/activities be based on an analysis of the data reasonable available at the time. The includes the prevalence of risk factors, including high or increasing rates of reported cases of child abuse and domestic violence; protective factors, buffers, and assets; or other variable in schools and communities identified through scientifically based research (4115(a)(1)(D)).*

Activity Reporting helps summarize what has been done, who has been served, what went well and what needs improved. This information will help determine the effectiveness and need for changes. It can also impact sustainability because it can show resources are being used wisely.

To that end, please provide information concerning the activities you implemented.

All the activities entered in Step 3 will be listed here. Simply click to report.

4a. Complete Activities

The following information is provided to identify the activity to be reported on.
  Report number: auto fill with unique identifier
  Activity Type: carried forward from plan
  Activity Name: carried forward from plan
  Activity Category: carried forward from plan
  Strategy Type: carried forward from plan
  Report Date: auto fill

? Activity not implemented and why text box Check the box if the activity was not implemented and provide an explanation in the text box provided.

Activity implemented

? Verify the start and end date, and funding source/partners and dollar amounts, and modify if necessary.

? Comments on evaluation of activity ©¥ For consortiums and school districts, these comments are optional. ♥For CM Contractors, please number your responses and answer the following questions.
  1. Please describe any evidence of this activity's effectiveness in meeting your program goals or impacting substance abuse or violence. For example, survey results, participant comments, attendance rates, etc.
  2. What were your activity's successes?
  3. What were your activity's shortcomings or areas of possible improvement?

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? Comments on implementation of activity © ¥ For consortiums and school districts, these comments are optional. ♥ For CM Contractors, please number your responses and answer the following questions.

    4. If you are planning to continue the activity, will you be making any changes to your activity in response to perceived shortcomings or ideas for improvement? Please explain.

    5. Are there any specific components of this activity that the CM funding allowed you to do that would not otherwise have been done?

    6. (optional) Any other comments?

Location information (optional for © ¥ *Consortiums and School Districts, required* ♥ *for CM Contractor)*

? Countywide Yes or no check box. Indicate if the activity serving participants throughout the county. ♥ *For CM Contractors only.*

? Location Name Indicate the name of the location the program is being delivered

? Address Indicate the address where the activity took place. If more than one location is used, choose the one that most closely reflects your participants' location.

? City/State/Zip Indicate the city, state (WA default) and zip where the activity took place. If more than one location is used, choose the one that most closely reflects your participants' location.

Session Reporting (not available for ©, ¥ *Consortiums and School Districts, required* ♥ *for CM)*

? Number of Activity Sessions   Report the number of session in which participants received program services. This is the number of times a group meeting or event took place. For example, if a parenting class met one night a week for 7 weeks, then enter 7. If an activity lasts over a number of days, each day counts as a session. For example, if a Ropes course lasts over a weekend, enter 2.

? Number of Service Hours Enter the number of service hours or duration of the activity. Direct service hours are those hours' program staff or volunteers were in actual contact with the participants. For example, if the activity is 1 hour a week for 6 weeks, enter 6.

? Number of Volunteer Hours (not reported elsewhere in the system) Indicate the number of volunteer hours provided for this activity (not reported elsewhere in the system). Include the total number of hours devoted by every volunteer for this activity.

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? Number of Community Organizing Hours Indicate the hours committed by every paid staff member for this activity. For example, if two CM staff worked on this activity, one for 5 hours and one for 2 hours, enter 7.

Participant Demographics (optional for © ¥ Consortiums and School Districts, required ♥ for CM Contractors)

? Number of Unduplicated Participants Indicate the number of participants who participated in the program. Count each person only once per activity. Count everyone who received any services at all, even if they didn't receive the full complement of services in that program.

? Race of participants Indicate the number of participants of each race group. If no participants were from a specific group, leave the cell blank. The total must equal the total number of unduplicated participants reported above.

? Ethnicity of participants   Indicate the number of participants of each ethnicity group. If no participants were from a specific group, leave the cell blank. This question is independent of race. The total does not need to equal the total number of participants.

? Ages of participants Indicate the number of participants of each age group. If no participants were from a specific group, leave the cell blank. The total must equal the total number of unduplicated participants reported above.

? Gender of participants Indicate the number of participants of each gender group. If no participants were from a specific group, leave the cell blank. The total must equal the total number of unduplicated participants reported above.

Community Organizing Reporting (not available for © ¥ Consortiums and School Districts, required ♥ for CM Contractors). If a community organizing activity, all fields are required.

? Number of Volunteer Hours (not reported elsewhere in the system) Indicate the number of volunteer hours provided for this activity (not reported elsewhere in the system). Include the total number of hours devoted by every volunteer for this activity.

? Number of Community Organizing Hours Indicate the hours committed by every paid staff member for this activity. For example, if two CM staff worked on this activity, one for 5 hours and one for 2 hours, enter 7.

? Coalition Name Indicate the name(s) of the coalition(s).

? Number of Coalition Meeting Hours Include the total number of hours the coalition met for this activity. For example, if the coalition met for 3 hours one night and 2.5 on another night, enter 5.5. Do NOT report the number of hours times the number of coalition members attending the activity.

Large Event Reporting (not available for © ¥ Consortiums and School Districts, required ♥ for CM Contractors).   If a large event activity, all fields are required.

? Number of Volunteer Hours (not reported elsewhere in the system) Indicate the number of volunteer hours provided for this activity (not reported elsewhere in the system). Include the total number of hours devoted by every volunteer for this activity.

? Number of Community Organizing Hours (not reported elsewhere in the system) Indicate the hours committed by every paid staff member for this activity. For example, if two CM staff worked on this activity, one for 5 hours and one for 2 hours, enter 7.

? Estimate the number of large event participants   Indicate the number of individuals participating in the large event.

? Estimate the number of participants exposed to media campaign

? Estimate the number of literature distributed

? Estimate the number of youth attendees (0–17 years of age)

? Estimate the number of adult attendees (18+ years of age)

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4b. Objective Reporting

The program will list program objective statements, including baseline and target values. Input the actual year end value, either % or #, and include any notes if applicable.

? Program Highlights   Provide three program highlights from the year in the text boxes provided.

? Student Served (required for © ¥ Consortiums and School Districts only)
Estimate the number of students receiving services using the following categories:

  Public Elementary School Students
  Public Middle School Students
  Public High School Students
  Private Elementary School Students
  Private Middle School Students
  Private High School Students

? Program Outcomes (♥ for CM Contractors only) Provide three program outcomes to be used on the "1-Pager" End of Year Report. The following are sample program outcomes.
SAMPLE PROGRAM OUTCOMES

Good
- Ninety-five percent of parents surveyed said their child was doing better in school because of the after school programs.
- As evidenced by focus group exercises, the board believed in what we did, felt strongly committed to what we did, and were a motivated and caring group who worked to decrease substance abuse and violence in our county.
- Of the students that participated in the 21 mediations completed through this newly implemented program, 95 percent reported that their conflicts were successfully resolved.

Need more detail tied to outcomes
- Community coalitions were very active and met monthly.
>> Rephrase as: There are _#_ coalitions comprised of _#_ local stakeholder members that meet monthly to coordinate county-wide substance abuse and violence prevention efforts. Last year, these coalitions sponsored _#_ activities.

Need more clarification
- There was a statistically significant positive result on the rebelliousness scale of the Individual Domain Survey from 10 percent to 33 percent.
>> It is unclear what the 10 and 33 refer to. Rephrase as: A pre-post survey of _#_ student participants (out of _#_) showed a statistically significant drop in rebelliousness, with only _10?_ percent of the students rating themselves low in rebelliousness on the

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pre-test, but increasing to _33?_ percent of the students rating themselves low in rebelliousness after participating in the program.

? Community Partners/Service Providers (♥ for CM Contractors only) Indicate the organizational names of the community partners who were actively engaged with the Community Mobilization program in the fight against Substance Abuse and Violence. They provided money, time, and/or in-kind resources. This information will be used on the "1-Pager" End of Year Report.

4c. Year End Evaluation

Please take a moment to reflect on the past year and respond to the following process evaluation questions. This information will be used to continue to improve the SDFSC program and Data System.

? Greatest challenge in implementing the SDFSC program

? Suggestions for improving the SDFSC program

? Greatest challenge in implementing the SDFSC Data System

? Suggestions for improving the SDFSC Data System

? Types of technical assistance you would like regarding SDFSC

5 – Reports

Reports are generated for a specific year for a specific organization or as statewide summaries. Once you select the report year and organization, the following reports are available.

♥ CM Contractor Reports

Activity Status Report: Includes the organization, activity name, planned start date, planned end date, indication of activity type (either meth action team or community) organizing

Plan Summary Report: Administrative info, Program compliance info, needs assessment summary, objective statement summary, and planned activity summary.

Planned Logic Model Report: Activity name, Strategy type, planned start and planned end date, activity description, target population, partners/funding sources, evaluation method, objective statement (R/P factor, goal, benchmark, local performance measure).

Statewide Time and Effort Report: # of completed activities, # of sessions, # of volunteer hours, # of community organizing, # of service hours, List of partners/funding sources.

Organization Time and Effort Report: # of completed activities, # of sessions, # of volunteer hours, # of community organizing, # of service hours, List of partners/funding sources.

PAR Report: a detailed description of each of the activities implemented.

© Consortium and ¥ School District Reports

Risk/Protective Factor Report: Activities reported by R/P, authorized activity type, # of programs scientifically-based, Other or Planning/Support

Needs Assessment Summary Report: Roll up of # using specific date sources, persons involved in the needs assessment, and populations assessed.

Activity Plan Summary: Summary of # of Activity Type (scientifically based, other, planning/support), Name of program, and activity category

Plan Summary Report: Program compliance info, needs assessment summary, objective statement summary, and planned activity summary.

6 – Resources

Data System User's Guide

How to access your Data System User's Guide online:
Type in link site:
https://eds.tst.ospi.k12.wa.us/login.aspx

Login Information:
Username: **Schooldistrict@test.com**
Password: **District113?**

Go to Home Page:
Click on - **"What would you like to do?":**

Click on:
"View my applications"

Under Applications Click on:
Safe and Drug Free Schools and Communities

In the Select Role Scroll down bar:
Select **"SDFSC Planner"** then go to **Next**

Then click on the **Help button** in the top right hand corner

The Help button will take you to the **Data System On-line User Manual**

Web Resources

Centers for Disease Control Tobacco Prevention
The Office on Smoking and Health (OSH) is a division within the National Center for Chronic Disease Prevention and Health Promotion, which is one of the centers within the Centers for Disease Control and Prevention. Tobacco use remains the leading preventable cause of death in the United States, causing nearly 440,000 deaths each year and resulting in an annual cost of more than $75 billion in direct medical costs. This Web site provides helpful educational resources, research, data and reports.
http://www.cdc.gov/tobacco/

Center for Substance Abuse Prevention (CSAP)
CSAP works with States and communities to develop comprehensive prevention systems that create healthy communities in which people enjoy a quality life. This includes supportive work in school environments, drug- and crime-free neighborhoods, and positive connections with friends and family. The center provides national leadership in the development of policies, programs and services through a comprehensive prevention system approach that includes community involvement and partnership among all sectors of society.
http://prevention.samhsa.gov/

Center for the Study and Prevention of Violence (CSPV)
CSPV was founded in 1992 with a grant from the Carnegie Corporation of New York to provide informed assistance to groups committed to understanding and preventing violence, particularly adolescent violence.
http://www.colorado.edu/cspv/

Community Anti-Drug Coalitions of America (CADCA)
This site features CADCA's weekly updates, positions on public policy, and information about membership and training opportunities.
http://cadca.org/

Comprehensive Health Education Foundation (CHEF)
C.H.E.F. benefits millions of people by addressing the issues most pertinent to the health and well-being of today's society. As the national leader in prevention education, they provide the skills, information and resources that people of all ages need to live safe and healthy lives.
http://www.chef.org/

Department of Education (ED)
ED was created in 1980 to ensure equal access to education and to promote educational excellence throughout the nation. ED's 4,500 employees and $71.5 billion budget are dedicated to:

- Establishing policies on federal financial aid for education, and distributing as well as monitoring those funds.
- Collecting data on America's schools and disseminating research.
- Focusing national attention on key educational issues.
- Prohibiting discrimination and ensuring equal access to education.

http://www.ed.gov

Web Resources

DSHS Division of Alcohol and Substance Abuse (DASA)
DASA's prevention program covers all segments of the population at potential risk for drug and alcohol use and abuse. However, the primary focus is on children who have not yet begun use or are still only experimenting. DASA has two main prevention goals: 1) delay onset of use; and 2) reduce alcohol, tobacco, and other drug misuse. DASA has also adopted performance measures for the 1999–2001 Biennium: to increase the number of children in each of three grades–6th, 8th, and 10th–who have not used alcohol, tobacco, or marijuana in the past 30 days.
http://www1.dshs.wa.gov/basicneeds/da2daap.html

Drug Free Community Support Program
The Drug-Free Communities Program is designed to strengthen community-based coalition efforts to reduce youth substance abuse.
http://drugfreecommunities.samhsa.gov/

Join Together Online
Join Together Online is a national resource center and meeting place for communities working to reduce substance abuse (illicit drugs, excessive alcohol & tobacco) and gun violence.
http://www.jointogether.org/

Leadership to Keep Children Alcohol Free
Leadership to Keep Children Alcohol Free, a unique coalition of more than 30 Governor's spouses, federal agencies, and public and private organizations, is an initiative to prevent the use of alcohol by children ages 9 to 15.
http://www.alcoholfreechildren.org/

The Marin Institute
The Marin Institute envisions communities free of the alcohol industry's negative influence and an alcohol industry that does not harm the public's health. The Marin Institute fights to protect the public from the impact of the alcohol industry's negative practices. We monitor and expose the alcohol industry's harmful actions related to products, promotions and social influence, and support communities in their efforts to reject these damaging activities.
http://www.cpn.org/topics/community/index.html

The National Youth Anti-Drug Media Campaign
The National Youth Anti-Drug Media Campaign is a multi-dimensional effort to educate and empower youth to reject illicit drugs. The campaign uses a variety of media to reach parents and youth, including TV ads, educational materials, Web sites, and publications. The Campaign's messages reach Americans wherever they live, work, learn, and play.
http://www.mediacampaigh.org/

National Center on Addiction and Substance Abuse at Columbia University (CASA)
The National Center on Addiction and Substance Abuse at Columbia University (CASA) is a unique think/action tank that brings together under one roof all of the professional disciplines needed to study and combat all forms of substance abuse–illegal drugs, pills, alcohol and tobacco–as they affect all aspects of society.
http://casacolumbia.org/

Web Resources

National Clearinghouse for Alcohol and Drug Information (NCADI)
NCADI is the information service of the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health & Human Services. NCADI is the world's largest resource for current information and materials concerning substance abuse. NCADI offers substance abuse information that may be ordered free or as cost recovery items either online through the Web site, by telephone, or fax. Online access is provided to ten searchable databases for bibliographic abstracts pertaining to such subjects as alcohol, tobacco, marijuana, cocaine, and other drugs. One valuable tool is the Quick Docs feature, with various documents available online to view and print.
http://www.health.org/

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
The NIAAA website contains publications, databases, news and events, grant information and other resources on alcohol abuse and alcoholism.
www.niaaa.nih.gov/

National Institute on Drug Addiction (NIDA)
NIDA is an institute organized into divisions and offices, each of which plays an important role in programs of drug abuse research.
http://www.nida.nih.gov/

National Network for Safe and Drug Free Schools and Communities
The National Network was formed in 1996, when it became clear that a unified, organized voice was needed to enhance communication between federal, state and local agencies that work on behalf of the Safe and Drug-Free Schools and Communities (SDFSC) Program. The National Network primarily focuses on providing its members with opportunities to network with SDFSC professionals from across the country, advocating for the SDSFC program at the local, state and national level, and sharing resources and knowledge that allows for continuous improvement in the implementation of the program at the state and local level.
http://www.nnsdfsc.org/

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs and to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families.
http://ojjdp.ncjrs.org/

Office of National Drug Control Policy (ONDCP)
The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program, the goals of which are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. To achieve these goals, the Director of ONDCP is charged with producing the National Drug Control Strategy, which directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and Local entities. ONDCP coordinates the Drug Free Communities grants.
http://www.whitehousedrugpolicy.gov/

Web Resources

Office of Superintendent of Public Instruction
In collaboration with educators, students, families, local communities, business, labor, and government, the Office of Superintendent of Public Instruction leads, supports, and oversees K–12 education, ensuring the success of all learners:
Safety center http://k12.wa.us/safetycenter/
OSPI School Report Card http://reportcard.ospi.k12.wa.us
Weapons report http://www.k12.wa.us/SafeDrugFree/weaponsReport.aspx

Online Organizing
Washington's online organizing network. This is a place where people share ideas with each other about how to facilitate and support community organizing activities against substance abuse and violence.
http://www.cmobcentral.net.bryght.net/

Partnership for a Drug-Free America (Drug-Free Resource Net)
The Partnership for a Drug-Free America is a private, non-profit, non-partisan coalition of professionals from the communications industry. Best known for their national, anti-drug advertising campaign, their mission is to reduce demand for illicit drugs in America through media communication.
http://www.drugfree.org/

The Praxis Project
The Praxis Project is a national, nonprofit organization that builds partnerships with local groups to influence policymaking to address the underlying, systemic causes of community problems. Committed to closing the health gap facing communities of color, we forge alliances for building healthy communities. The internationally recognized staff employ their broad experience in training, advocacy, policy development, media relations and technical assistance to support local organizations as they work to advance their vision of a healthy, just community. They help local groups hold institutions and governmental agencies accountable by designing community-based plans, conducting research, developing media strategies and developing policy initiatives –to achieve sustainable results. Their goal is to build power at the local level to increase the capacity of communities to become effective advocates so that they are leaders and catalysts on the legislative and policy decisions that affect their lives.
http://www.thepraxisproject.org/irc/organizing.html

Prevention Online (PREVLINE)
Prevention Online is a collection of links to numerous prevention resources, programs, and information, including daily news updates and research statistics, Reality Check, a teleconferencing initiative, online forums, a multi-website database search, and the National Clearinghouse for Alcohol and Drug information site, just to name a few. PREVLINE is the most comprehensive collection of prevention resources on the Internet for both professionals and the public.
http://www.health.org/

Prevention Platform
SAMHSA;s Prevention Platform is an online resource for substance abuse prevention. It contains highly interactive and educational tools.
http://preventionplatform.samhsa.gov/

Web Resources

Reach Out Now
Reach Out Now is a collaboration by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, and Scholastic Inc., to provide school-based, underage alcohol use prevention materials in time for Alcohol Awareness Month each April. This two-part set of materials is designed especially for use by fifth- and sixth-grade students, their families, and their teachers, and is sent to fifth–and sixth-grade classroom teachers nationwide each year.
http://www.teachin.samhsa.gov/

RMC
RMC Research has evaluated programs that aim to prevent substance abuse, among vulnerable populations and programs that provide addiction treatment services to underserved and indigent populations. RMC Research has also contributed to the development of knowledge transfer practices in the areas of addiction treatment and health training.
http://www.rmccorp.com/

Safe and Drug Free Schools
The Safe and Drug-Free Schools Program is the Federal government's primary vehicle for reducing alcohol, tobacco and other drug use, and violence, through education and prevention activities in our nation's schools. Twelve continuing education online workshops were created and implemented as live online events for the Drug Prevention and School Safety Coordinators. These workshops are now available for review. While many of these events were developed for and offered to middle school coordinators, they remain relevant for K–12 coordinators. They contain valuable information, activities, and resources on key topics in the strategic planning and program delivery process.
http://www.ed.gov/about/offices/list/osdfs/index.html

Social Development Research Group (SDRG)
SDRG's research seeks to promote achievement and success as well as prevent and treat health and behavior problems among young people. Drug abuse, delinquency, risky sexual behavior, violence, and school dropout are among the problems addressed. In 1979 J. David Hawkins and Richard F. Catalano began to develop the Social Development Strategy which provides the theoretical basis for risk- and protective-focused prevention that underlies much of the group's research. More than 75 SDRG researchers and staff members contribute to 12 current research projects with $10 million in annual funding. This group has produced more than 350 articles, books, and monographs. Access to the University's vast libraries is augmented by the group's own collection of more than 10,000 reprints, books, and journals. Projects are supported by extensive data collection and data management teams and a strong administrative unit.
http://depts.washington.edu/sdrg/

Stop Underage Drinking
StopAlcoholAbuse.gov is a comprehensive portal of federal resource for information on underage drinking and ideas for combating this issue. The website includes information for parents, educators, and community-based organizations.
http://www.stopalcoholabuse.gov/

Web Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
SAMHSA's vision is a life in the community for everyone. SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. SAMHSA also works to assure that quality substance abuse and mental health services are available to the people who need them and to ensure that prevention and treatment knowledge is used more effectively in the general health care system. The SAMHSA matrix identifies 11 priority program areas to ensure that the Agency's work addresses the elements that people with substance use and mental disorders need to live a full, rewarding life in the community. Click here to download the SAMHSA Matrix Brochure

As part of its efforts to reengineer its approach to substance abuse prevention, SAMHSA is creating a strategic prevention framework that is built on science-based theory, evidence-based practices and the knowledge that effective prevention programs must engage individuals, families and entire communities.

Supported by more than $521 million in SAMHSA funding in 2004, the new Strategic Prevention Framework sets into place a step-by-step process that empowers communities to identify and implement the most effective prevention efforts for their specific needs. It also includes feedback to ensure accountability and effectiveness of the program effort.
http://www.samhsa.gov/

Substance Abuse Librarians and Information Specialists (SALIS)
SALIS is an international association of individuals and organizations that specialize in the exchange and dissemination of alcohol, tobacco, and other drug information. The site includes a guide to alcohol and other drug libraries and information centers, along with a list of journal titles with web links.
http://www.salis.org/

Washington State Department of Health
In 2000, the Washington State Department of Health received funding from the settlement of a lawsuit against tobacco companies and greatly expanded its 10-year-old tobacco prevention and control program.

The department and its partners are working to:
Prevent youth from beginning to use tobacco.
Help youth and adults quit using tobacco.
Reduce exposure to secondhand smoke.
Reduce tobacco use in high-risk groups.
http://www.doh.wa.gov/tobacco/

Washington State Liquor Control Board

The mission of the Liquor Control Board is to serve the public by preventing the misuse of alcohol and tobacco through controlled distribution, enforcement, and education; and provide excellent customer service by operating efficient, convenient retail stores.
http://www.liq.wa.gov/education.asp

Washington State Student Assistance Prevention-Intervention Services Program
The Prevention and Intervention Services Program, operated by the Office of Superintendent of Public Instruction (OSPI), places intervention specialists in schools to implement comprehensive student assistance programs that address problems associated with substance use and violence. Specific information:
http://www.rmccorp.com/Project/PIeval.html

Web Resources

Western Center for the Application of Prevention Technologies (CAPT)
Western Center for the Application of Prevention Technologies (WestCAPT) The fundamental mission of the national CSAP's CAPT system is to bring research to practice. CSAP's CAPT system is designed to work with states and local communities, policymakers and local leaders, agencies and task forces to apply science-based prevention technology that works. The process of transferring proven research to daily application involves taking knowledge and packaging it The main website contains tools, templates to assist in the planning process based on the 7 steps of strategic prevention framework.
http://campus.samhsa.gov/western.cfm

Western CAPT also hosts and maintains a best practices website:
http://casat.unr.edu/bestpractices/search.php

A Guide to Science-Based Practices in Substance Abuse Prevention
Guide to CSAP's conceptual framework and methodology for designing and assessing scientifically defensible programs for substance abuse prevention. The booklet highlights the risk and protective factors that help determine an individual's vulnerability to substance abuse. IT also examines CSAP's qualitative and quantitative strategies for evaluating existing substance abuse prevention programs and developing scientifically defensible best practices.
http://modelprograms.samhsa.gov/pdfs/pubs_Guide.pdf

Principles of Substance Abuse Prevention
One in a series of products developed by SAMHSA to help structure and assess scientifically defensible programs. It is based on A Guide to Science-Based Practices in Substance Abuse Prevention.
http://modelprograms.samhsa.gov/pdfs/pubs_principles.pdf

Essays on community organizing, social capital, and urban democracy
Provide a broad range of approaches. The case studies are drawn from faith-based organizing, assets-based approaches to community development, comprehensive urban revitalization strategies, formal systems of urban democracy based on neighborhood associations, and various other community visioning and study-circle methods.
http://www.cpn.org/topics/community/index.html

School District
Data Entry Forms

7/22/2010

School District/ESD Checklist

This form is to assist in tracking the completion of annual Safe and Drug Free planning and year-end reporting.

Organization Name_____

Annual Plan/Application	Completed ✓	Notes
Program Compliance		
Needs Assessment		
Program Objectives		
Planned Activities		
Waiver forms submitted to OSPI for programs not included on "science-based" program list		
Date Submitted for Approval		
Date Approved		
Year End Reporting		
Activity Reporting		
Outcome Reporting		
Year End Evaluation		
Date Submitted for Acceptance		
Date Accepted		

Program Compliance

This form can be used to compile compliance information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

	Yes ✓	No ✓
Collaboration		
Does your district have documentation describing meaningful and ongoing consultation with, and input from, parents in the development of the plan and administration of the program or activities? (NCLB Title IV 4115(b)(1)(D)(i))		
Does your district have documentation to demonstrate consultation and notification of services available to private schools? (NCLB Title IV 4113(a)(7))		
Evaluation		
Does your district have documentation describing a plan to evaluate and publicly report progress toward attaining their performance measures, which will be used for program improvement? (NCLB Title IV 4114(d)(3))		
Safety		
Does your district have a comprehensive safe schools plan in place? (RCW 28A.320.125)		
Does your district have appropriate and effective school discipline policies that prohibit disorderly conduct, the illegal possession of weapons, and the illegal use, possession, distribution, and sale of tobacco, alcohol, and other drugs by students? (NCLB Title IV 4114(d)(7)(A))		
Does your district have security procedures at school and while students are on the way to and from schools? (NCLB Title IV 4114(d)(7)(B))		
Does your district have a crisis management plan for responding to violent or traumatic incidents on school grounds? (NCLB Title IV 4114(d)(7)(D))		
Gun-free		
Does your district have required signage posted on school grounds for gun-free zone? (RCW 9.41.280)		
Has a gun-free schools policy been implemented? (NCLB Title IV 4141(b))		
Does the gun-free schools policy include 1-year mandatory expulsion for firearms? (NCLB Title IV 4141(b)(1))		
Does the gun-free policy include mandatory notification of violations by students to parents/guardians and law enforcement? (NCLB Title IV 4141(h)(1))		
Does the gun-free policy allow the expulsion to be modified by the chief school district officer or designee on a case by case basis? (NCLB Title IV 4141(b)(1))		
Drug Free		
Does your district have required signage posted on school grounds for drug-free zone?		
Has a drug-free schools policy been implemented? (NCLB Title IV 4114(d)(7)A))		
Tobacco Free		
Does your district have required signage posted on school grounds for tobacco-free zone? (RCW 28.A.210.310)		
Has a tobacco-free schools policy been implemented? (NCLB Title IV 4114(d)(7)(A))		
Are sanctions for violations of tobacco policy defined for students? (NCLB Title IV 4114(d)(7)(E))		
Other		
Does your district have a policy for harassment, intimidation, and bullying? (RCW 28A.300.285)		

Needs Assessment

*This form can be used to compile needs assessment information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference Guide for further information. Common responses have an asterisks *.*

1. What data did you use when conducting your needs assessment? Check all that apply.

✓		✓	
	Healthy Youth Survey Data *		Search Institute Survey Data
	DSHS/ORDA County Profile Data		School Report Card (OSPI Web site) Data
	Substance Abuse Prevention/Intervention Specialists Program (SAPISP) Data *		Youth Risk Behavior Survey Data
	Rocky Mountain Survey Data		Weapons, Truancy, Student Behavior Data
	Pride Survey Data		Other Data

2. Who was involved in your assessment process? Check all that apply.

✓		✓	
	Parent Representative(s) *		Law Enforcement Representative(s) *
	Educational Representative(s) *		Health Care Professional Representative(s), including treatment providers *
	Youth Representative(s) *		Mental Health Service Provider Representative(s) *
	Private School Representative(s) *		Faith-based Organization Representative(s)
	Community-Based Organization Representative(s) *		Tribe or Tribal Organization Representative(s)
	Local Government Representative(s) *		Other Representative(s)
	State Government Representative(s) *		

3. What populations did you consider as a part of your needs assessment? Check all that apply.

✓		✓	
	Public School Students *		Pregnant and Parenting Youth
	Private School Students *		School Dropouts
	Parents *		Individuals Needing Mental Health Services Related to Drug and Violence Prevention
	Community Members *		Children and Youth not Normally Served by State or Local Education Agencies
	Youth in Juvenile Detention Facilities		Other Population(s)
	Runaway and Homeless Youth		

4. (Optional) There is an on-line area to provide comments regarding the needs assessment process and outcome. Use the back of this form to make notes you would like to include in the Safe and Drug Free Data System.

Program Objective

This form can be used to compile program objective information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information. For pre-determined PI objective statements, use the PI Objective Worksheet.

PLAN YEAR: _____

Focus (Use Reference Sheet #2 to preview Focus areas and Goals available in the data system).
Domain (Use Reference Sheet #1 to preview the Domain, Risk/Protective Factors, and Goals available in the data system).
Risk/Protective Factor (Use Reference Sheet #1 to preview the Domain, Risk/Protective Factors, and Goals available in the data system).
Goal (Use Reference Sheets #1 or #2 to preview the Goals available in the data system).

FOR:

Target Population (Use Reference Sheet #3 to preview the target populations available in the data system).
State Benchmark (Use Reference Sheet #3 to preview the state benchmarks available in the data system).

Program Objective

This form can be used to compile program objective information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information. For pre-determined PI objective statements, use the PI Objective Worksheet.

(Optional) **Local Performance Measures** *You may provide any one or all of the following items.*

Data Source (Use Reference Sheet #3 to preview the data sources available in the data system).			
Item to Measure			
From Baseline Value:	**(Quantity)**	**(% or #)**	**On (Date)**
To Target Value:	**(Quantity)**	**(% or #)**	**On (Date)**
Comments*: There is also an on-line area to provide additional comments pertaining to Local Performance Measures.*			

Prevention/Intervention Program Objectives

This form can be used to compile Prevention/Intervention program objective information to enter into the Sate and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

✓	(Check all that apply)
Decrease - Early Initiation of the Problem Behavior (Individual/Peer)	
	Decrease rate of cigarette use in High School Students in an effort to decrease youth reporting cigarette smoking in last 30 days.
	Decrease rate of alcohol use in High School Students in an effort to decrease youth reporting alcohol use in last 30 days.
	Decrease rate of marijuana use in High School Students in an effort to decrease youth reporting marijuana use in last 30 days.
	Decrease rate of smokeless tobacco use in High School Students in an effort to decrease youth reporting smokeless tobacco use in last 30 days.
	Decrease rate of binge drinking in High School Students in an effort to decrease youth reporting binge drinking in last 2 weeks.
	Decrease rate of cigarette use in Junior High/Middle School Students in an effort to decrease youth reporting cigarette smoking in last 30 days.
	Decrease rate of alcohol use in Junior High/Middle School Students in an effort to decrease youth reporting alcohol use in last 30 days.
	Decrease rate of marijuana use in Junior High/Middle School Students in an effort to decrease youth reporting marijuana use in last 30 days.
	Decrease rate of smokeless tobacco use in Junior High/Middle School Students in an effort to decrease youth reporting smokeless tobacco use in last 30 days.
	Decrease rate of binge drinking in Junior High/Middle School Students in an effort to decrease youth reporting binge drinking in last 2 weeks.
Decrease - Favorable Attitudes Toward the Problem Behavior (Individual/Peer)	
	Increase perceived risk of drug use in High School Students in an effort to increase the % of youth who perceive the harmfulness of marijuana use.
	Increase perceived risk of drug use in High School Students in an effort to increase the % of youth who perceive the harmfulness of smoking.
	Increase perceived risk of drug use in High School Students in an effort to increase the % of youth who perceive the harmfulness of binge drinking.
	Increase perceived risk of drug use in Junior High/Middle School Students in an effort to increase the % of youth who perceive the harmfulness of marijuana use.
	Increase perceived risk of drug use in Middle Level Junior High/Middle School Students in an effort to increase the % of youth who perceive the harmfulness of smoking.
	Increase perceived risk of drug use in Middle Level Junior High/Middle School Students in an effort to increase the % of youth who perceive the harmfulness of binge drinking.
Increase - School Bonding (School)	
	Increase school bonding in High School Students in an effort to decrease the percentage of students at risk due to low commitment to school.
	Increase school bonding in Junior High/Middle School Students in an effort to decrease the percentage of students at risk due to low commitment to school.

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

The objective(s) this activity will address

Activity Type

✓	(Check only one)
	Scientifically-based Activity
	Other Activity (requires completion and submission of a Best Practice Waiver Form to OSPI)
	Planning/Support

Activity Name *If Science-based, use reference guide for allowable programs. If other or planning/support, write the name.*

Activity Category

✓		✓	
	Student Assistance Program		Character Education Program
	Information Dissemination		School Safety Hotline
	Professional Development		Community Service Project
	Family and Community Activities		Employee Background Checks
	Community Planning and Organizing		Youth Suicide Training
	School-based Mental Health Services		Domestic Violence and Child Abuse Programs
	Conflict Resolution Programs		Evaluation of Authorized Activities
	Alternative Education Program		Acquiring and Installing Metal Detectors
	Mentoring		Reporting Criminal Offenses
	Victimization Programs		Developing School Security Plan
	Drug Testing		Resource Centers
	Locker Inspection		Supporting Safe Zones
	Emergency Intervention		Hiring and Training for School Security Officers
	Transferring Suspension/Expulsion Records		

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Strategy Type (check only one)	✓	
		Universal
		Selective
		Indicated

Proposed Start Date		Proposed End Date	
(Optional) Description			

Check all that apply, but at least one. Only SDFSC School-funded activities will be transferred to the iGrant system.

	✓	Funding/ Partner	Amount	✓	Funding/Partner	Amount
Funding/Partner for this activity		SDFSC School			DASA	
		SDFSC CM			Law Enforcement/Juvenile Justice	
		SAPISP			Service/Civic Organization	
		School District			Local Business	
		Educational Service District (ESD)			Faith Based Organization	
		Readiness to Learn			Tribe/Tribal Organization	
		City/County			Community Members/Volunteers	
		Tobacco Prevention			Other	

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

	✔			✔			✔	
Sub-Target Population For this Activity (Check all that apply)		Pre–K (Ages 0–4)			Grade 6 (Ages 11–12)			Young Adult (Ages 18–24)
		Kindergarten (Ages 5–6)			Grade 7 (Ages 12–13)			Adult (Ages 25–64)
		Grade 1 (Ages 6–7)			Grade 8 (Ages 13–14)			Senior (Ages 65+)
		Grade 2 (Ages 7–8)			Grade 9 (Ages 14–15)			
		Grade 3 (Ages 8–9)			Grade 10 (Ages 15–16)			
		Grade 4 (Ages 9–10)			Grade 11 (Ages 16–17)			
		Grade 5 (Ages 10–11)			Grade 12 (Ages 17–18)			

Activity Evaluation Plan

	✔		✔	
How will you measure this activity? (Check only one)		Survey		Observation
		Pre–Post Survey		Focus Group
		Interview		Other tool

Population being measured	
Recipient(s) of results	
Method of dissemination	
(Optional) Comments	

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Activity Name

☐ **Activity Not Implemented**

    If not, why?

☐ **Activity Implemented**

Verify start and end data and funding source/partners information.

Comments concerning the evaluation of the activity (optional)

Comments concerning the implementation of the activity (optional)

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Location Information (optional)

Location Name _____

Address _____

Address continued _____

City, State, Zip _____

Participant Information (optional)

	#
Number of Unduplicated participants	

Ethnicity of Participants	#
Spanish, Hispanic, or Latino	

Gender of Participants One per participant, total count must match total participant count	
Female	
Male	
TOTAL	

Race of Participants One per participant, total count must match total participant count	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Multi-racial	
TOTAL	

Age of Participants One per participant, total count must match total participant count		#		#
	Pre-K (Ages 0–4)		Grade 8 (Ages 13–14)	
	Kindergarten (Ages 5–6)		Grade 9 (Ages 14–15)	
	Grade 1 (Ages 6–7)		Grade 10 (Ages 15–16)	
	Grade 2 (Ages 7–8)		Grade 11 (Ages 16–17)	
	Grade 3 (Ages 8–9)		Grade 12 (Ages 17–18)	
	Grade 4 (Ages 9–10)		Young Adult (Ages 18–24)	
	Grade 5 (Ages 10–11)		Adult (25–64)	
	Grade 6 (Ages 11–12)		Seniors (+65)	
	Grade 7 (Ages 12–13)		TOTAL	

Year End Outcome Reporting

This form can be used to compile Year End Objective information, as well as Program Highlight information to enter into the Sate and Drug Free Data System. Reference the Data System User's Guide for further information.

(Optional)

Objective	Actual Year End Value (% or #)	Notes

(Optional)

Program Highlight #1	
Program Highlight #2	
Program Highlight #3	

Year End Outcome Reporting

This form can be used to compile Year End Objective information, as well as Program Highlight information to enter into the Sate and Drug Free Data System. Reference the Data System User's Guide for further information.

Students Served (Required)

Grades	Public School Students	Private School Students
Elementary School		
Middle School		
High School		

Year End Evaluation

This form can be used to compile Year End Evaluation information to enter into the Safe and Drug Free Data System. All information is optional. Reference the Data System Desk Reference for further information.

(Optional)

Greatest challenge in implementing the SDFSC program	
Suggestions for improving the SDFSC program	
Greatest challenge in implementing the SDFSC Data System	
Suggestions for improving the SDFSC Data System	
Types of technical assistance you would like regarding SDFSC	

Community Mobilization Data Entry Forms

CM Checklist

This form is to assist in tracking the completion of annual Safe and Drug Free planning and year-end reporting.

CM Program Name: _____

Annual Plan/Application	Completed ✓	Notes
Organization Information		
Program Compliance		
Needs Assessment		
Program Objectives		
Planned Activities		
On CTED Website		
Budget		
Organizational Chart		
Signature Page		
Date Submitted for Approval		
Date Approved		

CM Checklist

This form is to assist in tracking the completion of annual Safe and Drug Free planning and year-end reporting.

Year End Reporting	Completed ✓	Notes
Final Activity Reporting		
Outcome Reporting		
Year End Evaluation		
Date Submitted for Approval		
Date Approved		

Organization Information

This form can be used to compile organizational information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Report Year _____

Tax ID # _____

UBI # _____

SWV # _____

Mission _____

Program Overview

Organization Information

This form can be used to compile organizational information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Organizational Contacts (both a primary contact and a policy board chair contact are required)

Type	Name: First, Last	Title	Phone	E-mail

* Type = (P) Primary, (S) Secondary, (PBC) Policy Board Chair

Program Compliance

This form can be used to compile compliance information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

	Yes ✓	No ✓
Does the program have policies and procedures to ensure the Community Mobilization (CM) Policy Board includes diverse representation from community partners, including education, treatment, local government, law enforcement, and parents or parent organization? (RCW 46.270)		
If the program chooses to contract services to sub-contractor, does the program have oversight mechanisms in place to ensure the sub-contractors will abide by CM program policies and procedures established by CTED? (EDGAR CFR 80.36 and 80.37)		
Does the program agree to participate in both process evaluation and outcome evaluation implemented by CTED? (Title IV 4115(a))		
Does the program assure that funds will not be used for supplantation? (2 CFR Part 225)		
Does the program comply with the match requirement of 25%? (RCW 43.270.020(2)(5)		
Does the program maintain generally accepted accounting principles, including securing and documenting the matching funds requirements to ensure the proper disbursement of, and accounting for all funds received pursuant to this application? (EDGAR CFR 80.30)		
Does the program comply with the Americans with Disabilities Act? (1990 42 U.S.C. Section 12101)		
Does the program comply with the requirement not to use funds to lobby? (U.S.C. Section 1352, Title 31 / 28 CFR, Part 69)		
Does the program comply with debarment and suspension requirements? (Executive Order 12549, Debarment / 28 CFR, Part 67)		
Does the program comply with the Drug-Free Workplace Act? (28 CFR, Part 67)		

Needs Assessment

This form can be used to compile needs assessment information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System User's Guide for further information.

1. What data did you use when conducting your needs assessment? Check all that apply.

✓		✓	
	Healthy Youth Survey data		Search Institute Survey data
	DSHS/ORDA County Profile data		School Report Card (OSPI website) data
	Substance Abuse Prevention/Intervention Specialists Program (SAPISP) data		Youth Risk Behavior Survey data
	Rocky Mountain Survey data		Weapons, Truancy, Student Behavior data
	Pride Survey data		Other data

2. Who was involved in your assessment process, including the individuals on advisory boards/councils? Check all that apply.

✓		✓	
	Parent Representative(s)		Law Enforcement Representative(s)
	Youth Representative(s)		Health Care Professional Representative(s), including treatment providers
	Educational Representative(s)		Mental Health Service Provider Representative(s)
	Private School Representative(s)		Faith-based organization Representative(s)
	Community-Based Organization Representative(s)		Tribe or Tribal Organization Representative(s)
	Local Government Representative(s)		Other Representative(s)
	State Government Representative(s)		

3. What populations did you consider as a part of your needs assessment? Check all that apply.

✓		✓	
	Public School Students		Pregnant and Parenting Youth
	Private School Students		School Dropouts
	Parents		Individuals Needing Mental Health Services Related to Drug and Violence Prevention
	Community Members		Children and Youth not Normally Served by State or Local Education Agencies
	Youth in Juvenile Detention Facilities		Other Population(s)
	Runaway and Homeless Youth		

4. (Optional) There is an on-line area to provide comments regarding the needs assessment process and outcome. Use the back of this form to make notes you would like to include in the Safe and Drug Free Data System.

Program Objective

This form can be used to compile program objective information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

PLAN YEAR: _____

Domain (Use Reference Sheet #1 to preview the Domain, Risk/Protective Factors, and Goals available in the data system).
Risk/Protective Factor (Use Reference Sheet #1 to preview the Domain, Risk/Protective Factors, and Goals available in the data system).
Goal (Use Reference Sheets #1 or #2 to preview the Goals available in the data system).

FOR:

Target Population for this Objective (Use Reference Sheet #3 to preview the objective target populations available in the data system).
State Benchmark (Use Reference Sheet #3 to preview the state benchmarks available in the data system).

Program Objective

This form can be used to compile program objective information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

(Optional) **Local Performance Measures** *You may provide any one or all of the following items.*

Data Source (Use Reference Sheet #3 to preview the data sources available in the data system).			
Item to Measure			
From Baseline Value:	(Quantity)	(% or #)	On (Date)
To Target Value:	(Quantity)	(% or #)	On (Date)
Comments: *There is also an on-line area to provide additional comments pertaining to Local Performance Measures.*			

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

The objective(s) this activity will address (list/check all that apply)

Activity Type (check only one)

✔	
	Scientifically-based Activity
	Other Activity

Activity Name *If Science-based, use Reference Sheet # 3 for allowable activities. If other, write the name.*

Activity Category (check only one)

✔		✔	
	Student Assistance Program		Character Education Program
	Information Dissemination		School Safety Hotline
	Professional Development		Community Service Project
	Family and Community Activities		Employee Background Checks
	Community Planning and Organizing		Youth Suicide Training
	School-based Mental Health Services		Domestic Violence and Child Abuse Programs
	Conflict Resolution Programs		Evaluation of Authorized Activities
	Alternative Education Program		Acquiring and Installing Metal Detectors
	Mentoring		Reporting Criminal Offenses
	Victimization Programs		Developing School Security Plan
	Drug Testing		Resource Center
	Locker Inspection		Supporting Safe Zones
	Emergency Intervention		Hiring and Training for School Security Officers
	Transferring Suspension/Expulsion Records		

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Strategy Type (check only one)	✔	
		Universal
		Selective
		Indicated

Activity Focus (check only one)	✔	
		General Prevention
		Community Organizing
		Meth Action Team

Proposed Start Date		**Proposed End Date**	
(Optional) Description			

Funding/Partner for this activity (check all that apply)	✔	*Funding/Partner*	*Amount*	✔	*Funding/Partner*	*Amount*
		SDFSC School			DASA	
		SDFSC CM			Law Enforcement/Juvenile Justice	
		SAPISP			Service/Civic Organization	
		School District			Local Business	
		Educational Service District (ESD)			Faith Based Organization	
		Readiness to Learn			Tribe/Tribal Organization	
		City/County			Community Members/Volunteers	
		Tobacco Prevention			Other	

Priority Populations (check if applicable)	✔		✔	
		Children and youth not normally served		Pregnant and Parenting Teens
		Youth in Juvenile Detention Facilities		School Dropouts
		Runaway and Homeless Youth		Individuals needing mental health services
		Homeless Youth		

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

	✔			✔			✔	
Sub-Target Population For this Activity		Pre–K (Ages 0–4)			Grade 6 (Ages 11–12)			Young Adult (Ages 18–24)
		Kindergarten (Ages 5–6)			Grade 7 (Ages 12–13)			Adult (Ages–64)
		Grade 1 (Ages 6–7)			Grade 8 (Ages 13–14)			Senior (Ages 65+)
		Grade 2 (Ages 7–8)			Grade 9 (Ages 14–15)			
		Grade 3 (Ages 8–9)			Grade 10 (Ages 15–16)			
		Grade 4 (Ages 9–10)			Grade 11 (Ages 16–17)			
		Grade 5 (Ages 10–11)			Grade 12 (Ages 17–18)			

Activity Evaluation Plan

	✔		✔	
How will you measure this activity?		Survey		CTED Tool–Individual Domain
		Pre–Post Survey		CTED Tool–School Domain
		Interview		CTED Tool–Community Domain
		Observation		Other tool
		CTED Tool–Family Domain		

Population being measured	
Recipients of results	
Method of dissemination	
Comments	

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Activity Name

☐ **Activity Not Implemented**

    If not, please provide the reason the activity was not implemented.

☐ **Activity Implemented**

Verify start and end data and funding source/partner information

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Comments concerning the evaluation of the activity. Please number your responses & answer the following questions.

1. Please describe any evidence of this activity's effectiveness in meeting your program goals or impacting substance abuse or violence. For example, survey results, participant comments, attendance rates, etc.

2. What were your activity's successes?

3. What were your activity's shortcomings or areas of possible improvement?

Comments concerning the implementation of the activity. Please number your responses & answer the following questions.

4. If you are planning to continue the activity, will you be making any changes to your activity in response to perceived shortcomings or ideas for improvement? Please explain.

5. Are there any specific components of this activity that the CM funding allowed you to do that would not otherwise have been done?

6. (optional) Any other comments?

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Location

☐ **Countywide (Check box if Activity provides services for participants throughout the county)**

Location Name _____

Address _____

Address continued _____

City, State, Zip _____

Number of Activity Sessions	
Number of Service Hours	
Number of Volunteer Hours (not reported elsewhere in the system)	
Number of Community Organizing Hours (not reported elsewhere in the system)	

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Participant Information (If Community Organizing, use the community organizing report form.)

Number of Unduplicated participants	#

Ethnicity of Participants	#
Spanish, Hispanic, or Latino	

Gender of Participants One per participant, total count must match total participant count	
Female	
Male	
TOTAL	

Race of Participants One per participant, total count must match total participant count	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Multi-racial	
TOTAL	

Age of Participants One per participant, total count must match total participant count		#		#
	Pre-K (Ages 0–4)		Grade 8 (Ages 13–14)	
	Kindergarten (Ages 5–6)		Grade 9 (Ages 14–15)	
	Grade 1 (Ages 6–7)		Grade 10 (Ages 15–16)	
	Grade 2 (Ages 7–8)		Grade 11 (Ages 16–17)	
	Grade 3 (Ages 8–9)		Grade 12 (Ages 17–18)	
	Grade 4 (Ages 9–10)		Young Adult (Ages 18–24)	
	Grade 5 (Ages 10–11)		Adult (25–64)	
	Grade 6 (Ages 11–12)		Seniors (+65)	
	Grade 7 (Ages 12–13)		TOTAL	

☐ **Has Large Event?** If yes, use the Large Event Reporting Form to collect the necessary information.

Large Event Activity Reporting

This form can be used to compile large event activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Activity Name

☐ **Activity Has Large Event**

	#
Number of Volunteer Hours (not reported elsewhere in the system)	
Number of Community Organizing Hours (not reported elsewhere in the system)	
Estimate Number of Participants attending the Large Event	
Estimate Number of Participants exposed to Media Campaign	
Estimate Number of Literature Distributed	
Estimated Number of Youth (Age 0–17) Participant	
Estimated Number of Adults (Age 18+) Participants	

Community Organizing Reporting

This form can be used to compile Community Coalition information to enter into the Safe and Drug Free Data system. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Activity Name

Coalition Name

	#
Number of Volunteer Hours (not reported elsewhere in the system)	
Number of Community Organizing Hours (not reported elsewhere in the system)	
Number of Coalition Meeting Hours	

☐ **Has Large Event?** If yes, use the Large Event Reporting Form to collect the necessary information.

Year End Outcome Reporting

This form can be used to compile Year End Objective information, as well as Program Highlight information to enter into the Sate and Drug Free Data System. All information is optional. Reference the Data System Desk Reference for further information.

Objective	Actual Year End Value (% or #)	Notes

Program Highlights	
Program Outcomes	
Specific Community Partners	

Year End Evaluation

This form can be used to compile Year End Evaluation information to enter into the Safe and Drug Free Data System. All information is optional. Reference the Data System Desk Reference for further information.

Greatest challenge in implementing the SDFSC program	
Suggestions for improving the SDFSC program	
Greatest challenge in implementing the SDFSC Data System	
Suggestions for improving the SDFSC Data System	
Types of technical assistance you would like regarding SDFSC	

General Forms Reference

Domain/Risk-Protective Factor/Goal Reference Sheet #1

This reference sheet provides the options for objective domain, risk-protective factor, and goal for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

Domain	Risk/Protective Factor	Goal
Community	Community Bonding	• Enhance acquisition of culturally defined values • Increase acquisition of social skills • Increase community readiness to address alcohol, tobacco and other drug issues • Increase community volunteerism • Increase opportunities involvement in drug-free activities • Increase opportunities for pro-social involvement • Increase participation in community recognition events • Increase referrals to support agencies
	Healthy Beliefs and Clear Standards	• Increase community readiness to address alcohol, tobacco and other drug issues • Increase number of "reinforcement" tickets from law enforcement to reward appropriate behavior • Increase number of volunteers for pro-social activities • Increase the connections among community members • Increase the understanding of the importance of tribal culture, traditions, and heritage • Increase understanding of influence of community norms on children's lives
	Availability of Drugs	• Decrease perceived availability of drugs • Decrease teen parties involving alcohol and other drugs • Enhance and enforce school policies • Increase community readiness to address alcohol, tobacco and other drugs issues • Increase enforcement of laws prohibiting alcohol sales to minors • Increase enforcement of laws prohibiting tobacco sales to minors • Increase knowledge of state laws regarding alcohol sales • Increase knowledge of state laws regarding tobacco sales • Reduce access to drug precursors (methamphetamine production) • Reduce sales to minors • Reduce youth access • Increase compliance

Domain/Risk-Protective Factor/Goal Reference Sheet #1

This reference sheet provides the options for objective domain, risk-protective factor, and goal for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

Community Continued	Community Laws and Norms Favorable to Drug Use, Firearms & Crimes	• Decrease environmental influences • Decrease number of community events with "beer gardens" • Increase closing time of bars • Increase community readiness to address alcohol, tobacco and other drug issues • Increase legal sanctions for providing alcohol/tobacco to minors • Increase legal sanctions for social hosting of underage parties • Increase opportunities for pro-social involvement • Reduce policies, social practices and favorable toward alcohol, tobacco and other drug issues use • Reduce social acceptance of alcohol, tobacco and other drug use
	Extreme Economic Deprivation	• Decrease the wait for participation in means-tested programs • Increase donations to schools and agencies to support involvement of youth • Increase economic self-sufficiency • Increase opportunities for pro-social involvement • Increase parenting care-giving skills • Increase use of public transportation by targeted populations
	Low Neighborhood Attachment & Community	• Increase commitment to being alcohol and other drug free • Increase communication • Increase community involvement • Increase community readiness to address alcohol, tobacco and other drug issues • Increase community support for prevention • Increase community understanding of prevention issues • Increase involvement by parents in community: school, church, community agencies • Increase involvement in programs and activities • Increase opportunities for pro-social involvement • Increase participation and support from stakeholders • Increase participation in cultural events • Increase perception that youth can make a difference • Increase the number of people involved in community activities/planning • Strengthen inter-agency connections

Domain/Risk-Protective Factor/Goal Reference Sheet #1

This reference sheet provides the options for objective domain, risk-protective factor, and goal for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

Community Continued	Transitions and Mobility	• Increase community readiness to address alcohol, tobacco and other drug issues • Increase number of positive welcome contacts with people new to neighborhoods • Increase opportunities for pro-social involvement • Increase participation in church-focused youth activities • Increase participation in community events/activities • Increase use of positive "buddies" and upper-classman "mentors" by schools
Family	Family Bonding	• Increase ability to utilize positive discipline practices and skills • Increase opportunities for pro-social involvement • Increase skills regarding a healthy pregnancy, prep for delivery, and maintaining a child's health • Increase skills to contribute to the healthy development of a baby • Increase use of effective communication skills
	Healthy Beliefs and Clear Standards	• Increase number of family meetings where issues are discussed and family values clarified • Increase the number of family related activities • Increase recognition of family-held clear standards to be drug-free
	Family Conflict	• Increase arrests for domestic violence • Increase awareness of domestic violence • Increase referral for domestic violence • Increase referral skills to Child Protective Services • Reduce family conflict
	Family History of Problem Behavior	• Correct misperceptions of normal use • Increase awareness of the family member's problem and its impact on the participant • Increase families knowledge of physiological impact of alcohol, tobacco and other drugs • Increase family member's knowledge of legal consequences • Increase knowledge and skills to deal with recovering person returning • Reduce impact of substance abuse by enhancing protective factors

Domain/Risk-Protective Factor/Goal Reference Sheet #1

This reference sheet provides the options for objective domain, risk-protective factor, and goal for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

Family Continued	Family Management Problems	• Improve attitudes about family management skills • Improve communication skills/Increase levels of family communication • Improve parental well-being • Increase family involvement • Increase knowledge of child development and growth stages • Increase knowledge of family management skills • Increase opportunities for pro-social involvement • Increase sense of family cohesion/connectedness • Increase use of family management skills
	Favorable Parental Attitudes & Involvement in the Problem Behavior	• Decrease incidence of parents delivering pro-use messages • Decrease parental use of substances • Decrease use of children assisting parents in obtaining their drugs • Increase parental awareness of risk/protective factors and consequences of involvement • Reduce parental approval of youth alcohol, tobacco and other drug use
Individual/Peer	Peer Bonding	• Increase opportunities for pro-social involvement • Increase opportunity for youth to become involved in planning youth-directed activities and events • Increase participation in non-school activities • Increase participation in school activities
	Healthy Beliefs and Clear Standard	• Decrease presentation of pro-use messages on or around school campuses • Increase number of community volunteers for youth services • Increase the number of mentors • Increase opportunities, skills and recognition to promote bonding to community role models • Increased presentation of no-use messages on school campuses

Domain/Risk-Protective Factor/Goal Reference Sheet #1

This reference sheet provides the options for objective domain, risk-protective factor, and goal for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

Individual/Peer continued	Constitutional Factors	• Decrease incidences of "acting out" in class • Increase decision-making skills • Increase enforcement of laws prohibiting alcohol sales to minors • Increase opportunities for pro-social involvement • Increase recognition for pro-social involvement
	Early and Persistent Antisocial Behavior	• Decrease aggressive behavior • Improve personal competence • Improve social competence skills • Increase family communication • Increase leadership opportunities • Increase opportunities for pro-social involvement • Increase parental skills • Reduce discipline problems • Reduce the incidence of anti-social and/or violent behaviors
	Early Initiation of the Problem Behavior	• Decrease rate of alcohol use • Decrease rate of amphetamine use • Decrease rate of any use • Decrease rate of binge drinking • Decrease rate of cigarette use • Decrease rate of hallucinogen use • Decrease rate of inhalant use • Decrease rate of marijuana use • Decrease rate of other drug use • Decrease rate of smokeless tobacco use • Delay initiation • Increase communication skills • Increase family cohesion • Increase refusal and resistance skills

Domain/Risk-Protective Factor/Goal Reference Sheet #1

This reference sheet provides the options for objective domain, risk-protective factor, and goal for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

Individual/Peer Continued	Favorable Attitudes toward the Problem Behavior	• Decrease attitudes that support the use of alcohol and other substances • Decrease favorable attitudes toward antisocial behavior • Decrease intention to use • Decrease norms about underage drinking • Decrease perception of harassment and bullying • Decrease perception of peer use • Decrease rate of alcohol use • Decrease rate of amphetamine use • Decrease rate of any use • Decrease rate of binge drinking • Decrease rate of cigarette use • Decrease rate of hallucinogen use • Decrease rate of inhalant use • Decrease rate of marijuana use • Decrease rate of other drug use • Decrease rate of smokeless tobacco use • Decrease the number reporting to have ridden in a vehicle driven by someone who had been drinking • Increase knowledge about social norms • Increase knowledge of substance abuse • Increase media literacy • Increase opportunities, skills and recognition to promote bonding to community role models • Increase perceived risk of drug use • Increase perception of harm • Increase refusal and resistance skills • Increase use of refusal skills

Domain/Risk-Protective Factor/Goal Reference Sheet #1

This reference sheet provides the options for objective domain, risk-protective factor, and goal for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

Individual/Peer Continued	Friends Who Engage in the Problem Behavior	• Increase opportunities, skills and recognition to promote bonding to community role models • Increase refusal and resistance skills • Increase stress management skills • Increase the number of drug free activities
	Rebelliousness	• Decrease misconduct • Improve classroom behaviors • Improve school attendance • Increase family communication • Increase opportunities, skills and recognition for participation in community/school activities • Increase opportunities, skills and recognition to promote attachment • Increase opportunities, skills and recognition to promote bonding to community role models • Increase parental skills
School	School Bonding	• Increase opportunities for pro-social involvement • Increase opportunity to become involved in planning youth-directed activities and events • Increase participation in school activities • Increase participation in non-school activities • Increase school bonding • Increase reports of feeling safe at school

Domain/Risk-Protective Factor/Goal Reference Sheet #1

This reference sheet provides the options for objective domain, risk-protective factor, and goal for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

School Continued	Health Beliefs and Clear Standards	• Decrease presentation of pro-use messages • Increase awareness of school policies regarding alcohol, tobacco and other drug use/possession • Increase community volunteers for youth services • Increase consistency and clear expectation skills for parents and schools • Increase the number of mentors • Increase opportunities, skills and recognition to promote bonding to role models • Increase presentation of no-use messages on school campuses • Increase school capacity to respond to a crisis • Increase the number of school policies regarding alcohol, tobacco and other drug use/possession. • Strengthen school policies regarding alcohol, tobacco and other drug use/possession
	Academic Failure Beginning in the Late Elementary School	• Improve academic performance • Improve classroom behaviors • Improve parent involvement skills • Increase opportunities for pro-social involvement • Increase opportunities, skills and recognition to promote bonding to community role models • Increase parent involvement
	Lack of Commitment to School	• Decrease low commitment to school • Decrease misconduct • Decrease the drop out rate • Improve grades • Increase parent involvement skills • Improve school attendance • Increase academic scores • Increase motivation to learn • Increase opportunities for pro-social involvement • Increase opportunities, skills and recognition to promote bonding to community role models • Increase the level of family involvement in schools

Focus Area/Goal Reference Sheet #2

This reference sheet provides the options for focus areas and goals for the Safe and Drug Free Data System. Reference the Data System, Desk Reference for further information.

Crisis Planning

Increase school capacity to respond to a crisis	Health believes and clear standards	School

Substance Abuse /Early Initiation

Decrease rate of amphetamine use	Early initiation of problem behavior	Individual
Decrease rate of alcohol use		
Decrease rate of any use		
Decrease rate of binge drinking		
Decrease rate of cigarette use		
Decrease rate of hallucinogen use		
Decrease rate of inhalant use		
Decrease rate of marijuana use		
Decrease rate of other drug use		
Decrease rate of smokeless tobacco use		

Substance Abuse Prevention

Decrease attitudes that support use	Favorable attitudes	Individual
Decrease low school commitment	Lack of commitment to school	School
Decrease perceived availability of drugs	Availability of Drugs	Community Decrease
rate of any use	Early initiation of problem behavior	Individual
Delay initiation of use	Early initiation of problem behavior	Individual
Increase opportunities for pro-social involvement	Constitutional factors	Individual
Increase perceived risk of drug use	Favorable attitudes	Individual
Increase recognition for pro-social involvement	Constitutional factors	Individual

Violence Prevention

Decrease favorable attitudes toward anti-social	Favorable attitudes	Individual
Decrease low commitment to school	Lack of commitment to school	School
Decrease perception of harassment/bullying	Favorable attitudes	Individual
Increase school bonding	School bonding	School
Increase reports of feeling safe at school	School bonding	School
Reduce incidence of anti-social/ violent behavior	Early /persistent anti-social behavior	Individual

Target Population/Benchmark/Data Source Reference Sheet #2

This reference sheet provides the options for objective target population, state benchmark, and performance measure data sources for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

Target Population	State Benchmark	Data source (if you are creating a local performance measure)
• Elementary School Students • Middle Level (Junior High/Middle School) Students • Intermediate School Students • Middle Level (Junior High/Middle School) Students • High School Students • Parents • Families • School Staff and Volunteers • Youth (Under the Age of 18) • Youth Services Agency Staff and Volunteers • Church/Religious Leaders, especially Youth Outreach • Community Festival Organizers • Business Personnel • Law Enforcement Personnel • General Population • Policy Makers • Other	(I) Decrease youth reporting alcohol use in last 30 days (I) Decrease youth reporting marijuana use in last 30 days (I) Decrease youth reporting cigarette smoking in last 30 days (I) Decrease youth reporting smokeless tobacco use in last 30 days (I) Decrease youth reporting binge drinking in last 2 weeks (I) Decrease youth reporting any substance use in last 30 days (I) Increase the age youth start using alcohol (I) Increase the age youth start using tobacco (I) Increase the age youth start using marijuana (I) Increase the percentage of youth who perceive the harmfulness of smoking (I) Increase the percentage of youth who perceive the harmfulness of binge drinking (I) Increase the percentage of youth who perceive the harmfulness of marijuana use (I) Increase the percentage of youth who perceive the harmfulness of any use (I) Increase the number of women who do not use alcohol during pregnancy (I) Increase the number of women who do not use cigarettes during pregnancy (I) Decrease the percentage of youth who reported riding in a vehicle with a driver who has been drinking (C) Decrease the number of community members who don't perceive their communities as having strong laws and norms (C) Increase the percent of community members who perceive rewards for pro-social involvement in their communities (C) Increase the percent of community members who perceive opportunities for pro-social involvement in their communities (S) Decrease the percentage of students at risk due to low commitment to school (S) Increase the number of students who feel safe at school (S) Increase the percent of students who attend school regularly (S) Increase the percent of students who complete high school (S) Increase academic achievement (F) Increase bonding and strong attachment to family	• Healthy Youth Survey data • DSHS/ORDA County Profile data • Substance Abuse Prevention/Intervention Specialists Program (SAPISP) data • Rocky Mountain Survey data • Pride Survey data • Search Institute Survey data • School Report Card (OSPI website) data • Weapons, Truancy, and Student Behavior data • Youth Risk Behavior Survey data • Other Data Source(s) (Name of Data Source, if other)

Science-based Programs Reference Sheet #4

This reference sheet provides the options for science-based programs for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

✓		✓	
	SAPISP: Substance Abuse Prevention/Intervention Specialists		Native American Prevention Project Against AIDS and Substance Abuse
	Program Across Ages		NICASA Parent Project
	Adolescent Alcohol Prevention Trial (Donaldson et al)		Nurse-Family Partnership (formerly "Prenatal/Early Infancy Project")
	Adolescent Transitions Program (Dishion et al)		Nurturing Program (also known as Family Development Resources)
	All Stars		Olweus Bullying Prevention
	AAI's Pals: Kids Making Healthy Choices		Parent and Family Skills Training (generic strategy)
	Any Baby Can Child and Family Resource Center (formerly "CEDEN Family Resource Center")		Parent Child Development Center
	Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)		Parenting Skills Program (Guerney)
	Bi-Cultural Competence Skills Approach (a.k.a. "Statewide Indian Drug Prevention Program")		Parenting Wisely (Gordon) [formerly Parenting (Adolescents) Wisely
	Blood Alcohol Concentration Laws		Parenting with Love and Limits
	Border Binge-Drinking Reduction Program ("Program to Reduce Underage and Binge Drinking")		Parents as Teachers
	Brief Alcohol Screening and Intervention of College Students		Parents Who Care (see Staying Connected with Your Teen)
	Brief Strategic Family Therapy		PATHS (Promoting Alternative Thinking Strategies)
	Bry's Behavioral Monitoring and Reinforcement Program		PeaceBuilders
	CASASTART		Peacemakers
	Challenging College Alcohol Abuse		Perry Preschool Project-High/Scope Approach
	Changing Hours and Days of Sale		Positive Action
	Changing the Conditions of Availability		Preparing for the Drug Free Years
	Child Development Project		Prevention Treatment Program
	Children in the Middle		Project ACHIEVE

Science-based Programs Reference Sheet #4

This reference sheet provides the options for science-based programs for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

	CICC's Effective Black Parenting Program (Alvy)		Project ALERT
	Class Action		Project BASIS
	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)		Project CARE
	Communities Mobilizing for Change on Alcohol		Project Northland (Perry)
	Communities That Care (Hawkins and Catalano Community Mobilization)		Project PATHE (Organizational Change in School) (Gottfredson)
	Community Trials Intervention to Reduce High-Risk Drinking		Project STAR /Midwestern Prevention Project (Pentz et al)
	Coping Power		Project SUCCESS
	Coping with Work and Family Stress		Project Towards No Drug Abuse
	Counter-Advertising		Project Towards No Tobacco Use
	Creating Lasting Connections		Project Venture
	DARE to Be You		Prolonged Exposure Therapy
	Early Risers ("Skills for Success")		Promoting Alternative Thinking Strategies (PATHS)
	Economic Interventions (Increasing Taxes)		Protecting You/Protecting Me
	Families and Schools Together (FAST)		Quantum Opportunities Program
	Families in Action		Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families
	Family Advocacy Network and SMART Moves		Raising the Minimum Legal Drinking Age
	Family Effectiveness Training		Reconnecting Youth Program
	Family Matters		Residential Student Assistance Program
	Family Therapy (generic strategy)		Responding In Peaceful and Positive Ways
	Fast Track		Responsible Beverage Service
	Focus on Families		Restriction of Advertising and Promotion of Tobacco
	Friendly PEERsuasion		Retailer-Directed Interventions
	Functional Family Therapy Program		Safe Dates
	Get Real About Violence		Schools and Families Education (SAFE) Children

Science-based Programs Reference Sheet #4

This reference sheet provides the options for science-based programs for the Safe and Drug Free Data System. Reference the Data System Desk Reference for further information.

	Good Behavior Game		Second Step: A Violence Prevention Curriculum
	Guiding Good Choices		Sembrando Salud
	Healthy Families America		Skills, Opportunities, and Recognition (SOAR) (Formerly: Seattle Social Development Project)
	Helping the Noncompliant Child: Parenting and Family Skills Program		SMART Leaders
	Home Instruction Program for Preschool Youngsters (HIPPY)		Social Competence Promotion Program for Young Adolescents (formerly "Weissberg's...")
	Home Visiting		Start Taking Alcohol Risks Seriously (STARS) for Families
	Home-Based Behavioral Systems Family Therapy		Staying Connected with Your Teen (Formerly: Parents Who Care)
	Houston Parent-Child Development Center		Steps to Respect
	I Can Problem Solve (ICPS)		Stop Teenage Addiction to Tobacco
	Incredible Years (Parent and Children Videotape Series)		Strengthening Families Program
	Keep A Clear Mind		Strengthening Families Program: For Parents and Youth 10–14 (Iowa Strengthening Families Program)
	Keepin' it REAL		Strengthening Hawaiian Families
	Leadership and Resiliency		Syracuse Family Development Research Program (FDRP)
	Life Skills Training Program		Tobacco-Free Environment Policies
	Linking the Interests of Families and Teachers (LIFT)		Too Good for Drugs
	Lions-Quest Skills for Adolescence		Too Good For Violence
	Meld...Parenting That Works		Trauma-Focused Cognitive Behavioral Therapy
	Mentoring: Big Brothers/Big Sisters		Tutoring
	Multi-Component School-Linked Community Approaches		Zero-Tolerance Laws
	Multidimensional Treatment Foster Care Program (formerly "Treatment Foster Care Program")		
	Multi-systemic Therapy		